

APPENDIX C

GOVERNOR'S HEROIN AND OPIOID EMERGENCY TASK FORCE **UPPER SHORE/ NORTH EAST MARYLAND SUMMIT MINUTES**

March 17, 2015, 10:00 AM – 3:30 PM

Cecil County Administration Building

200 Chesapeake Boulevard, Elkton, Maryland 21921

TASK FORCE ATTENDANCE

Lieutenant Governor Boyd Rutherford

Sheriff Timothy Cameron

Dr. Michael Finegan

Elizabeth Embry

Tracey Myers-Preston

Linda Williams

Dr. Chris Welch, on behalf of Dr. Bankole Johnson

Irnande Altema, on behalf of Senator Katherine Klausmeier

WELCOME

The Maryland Governor's Heroin and Opioid Emergency Task Force convened for its first meeting at 10:00 AM on March 17, 2015, at the Cecil County Administration Building, Elkton, Maryland. The summit was open to the public and concluded at 3:11 PM.

Lieutenant Governor Boyd Rutherford welcomed task force members, elected officials, law enforcement representatives, local addiction treatment experts, and the local public.

In an effort to get an understanding of the broader issue, the Task Force's plan is to go out into Maryland communities and employ a holistic effort for the following main topics:

- Prevention
- Closing the heroin pipeline
- Treatment & Recovery
- Law Enforcement

The interim report will be available in summer of 2015 with a final report completed by the end of the year.

ELECTEDS/ LAW ENFORCEMENT

County Executive Tari Moore, Kent County State's Attorney Harris Murphy, and Queen Anne's County Sheriff Gary Hoffman represented the first panel. Their written testimony can be found on the Lieutenant Governor's website at:

<http://governor.maryland.gov/ltgovernor/home/heroin-and-opioid-emergency-task-force/heroin-task-force-regional-summits/previous-summits/ne-summit/>

County Executive Moore explained that Cecil County has taken a systemic approach involving various organizations and agencies. Their efforts can be divided into four pillars: prevention; treatment; recovery; and public safety.

Cecil County has already begun efforts against the heroin epidemic by starting prevention programs, installing their first permanent 24-hour "Drug Take Back Box," creating the Local Overdose Fatality Review Team (LOFRT), and training emergency responders and law enforcement officers to use Naloxone (Narcan) for drug overdoses. Among the biggest challenges are the stigma against people recovering from drug addiction and finding employment/support opportunities during recovery.

Kent County State's Attorney Harris Murphy explained that heroin went from a rare problem just ten years ago to comprising the majority of illegal drug activity since the state changed marijuana regulations. Mr. Murphy stressed that this is not just a law enforcement issue, but largely a public health issue. To illustrate the problem, he said that in 2010, there were enough prescription drugs to medicate every American adult every four hours for a month and that Americans consume about 75% of the world's medications while comprising only 5% of the world population.

Sheriff Gary Hoffman stated that all law enforcement share the same stories; the only differences are the faces and the locations. While arresting heroin users may save their lives, the downside is that people with chemical dependencies are placed in criminal detention centers. Sheriff Hoffman hopes that the Task Force can find better options than just arresting heroin users.

County Executive Tari Moore's recommendations for the Task Force were:

- Continue state funding to local health departments
- Find new and strong funding for education and prevention
- Closely involve local government to serve as the state's eyes and ears

Kent County State's Attorney Harris Murphy's recommendations for the Task Force were:

- Change the culture – reduce our dependency on drugs and painkillers
- Survey local counties to get a variety of potential solutions
- Continue funding local law enforcement programs

Queen Anne's County Sheriff Gary Hoffman's recommendations for the Task Force were:

- Help law enforcement with heroin trafficking over state borders

LOCAL ADDICTION TREATMENT EXPERTS/ ADVOCATES

There were two panels of local addiction treatment experts and advocates. They began their testimonies at 11:13 AM and concluded at 12:51 PM.

Among the various themes/requests for the Task Force:

- Provide educational programs for family members

Many parents have no idea how to begin talking to their children. New programs/websites could aim to teach parents about drug addiction, how to effectively communicate, and provide literature recommending treatment

centers. Alcohol and prescription drugs are readily available in many people's homes or their friend's homes. Programs like Voices of Hope and Cecil Advocates for Recovery Education maintain that the solution must start with the family.

- Provide education programs for students & teachers
Many school teachers and principals are not able to identify which kids are abusing drugs – programs could train teachers to identify risk-factors. Another suggestion was to open opportunities for people who overcame their addiction to speak at schools. Also, several experts suggested that education must start at the Middle School level. The human brain does not reach full maturity until their 20s; thus, heroin can permanently affect their adulthood. Once drug usage begins, one's life expectancy is fifteen to twenty years.
- Make sure that doctors are not profiting from the sale of drugs (ie. Buprenorphine)
Drug prescription issues is a major topic. One suggested that the state mandate that all drug prescriptions be sent electronically while another suggested that physicians be notified if one of their patients/prescriptions is related to a crime investigation.
- Investigate stricter policies against "pill-mill" doctors
Some doctors are either pressured or being irresponsible with their drug prescriptions. One person suggested a one-year probation for offending doctors. Currently, the crime is only a misdemeanor.
- Install take-back boxes throughout the state
State must collect discarded drugs such as OxyContin because the patient or their families may use old drugs. One statistic said that 70% of users initially accessed their drug through a family member or friend.
- Provide treatment for psychological issues, not just physiological issues
Treating mental problems may lower the relapse rate. One suggestion was to provide incentives to local mental health providers to treat addicts with state funding.
- Decriminalize, if possible
Understand that "We are not going to arrest our way out of the problem."
- Provide patients with appropriate levels of mental health treatment
- Provide adequate housing and therapeutic treatment to recovering addicts
- Provide adequate job opportunities to recovering addicts
- Provide adequate support systems to recovering addicts
- Investigate other states' programs (ie. Pennsylvania Act 106 of 1989)
- Investigate partnerships between private and public programs
- Investigate why Naloxone has dramatically increased in price
- Investigate why detoxification treatment is not included in Medicaid
- Investigate how to provide small communities with insufficient resources with a full range of inpatient and outpatient treatment options.
- Mandate drug-free zones around methadone clinics and treatment facilities
- Mandate doctors to participate in PDMP
- Understand that this is a public health issue
- Reduce bureaucracy related to funding from Department of Health and Mental Hygiene

PUBLIC COMMENTS

Twenty-two individuals provided their testimony to the Task Force for the public comments hearing. This portion of the summit began at 1:39 PM and concluded at 3:11 PM.

Among the various themes/requests for the Task Force:

- Investigate how to destigmatize heroin usage/recovery
Many people, including doctors, demonize heroin usage and push back against legislation for recovery houses. Society even outcasts parents from all socio-economic backgrounds.
- Focus on prevention programs
This was a common theme throughout the summit. With a high relapse rate of 85%, most people will fall back into heroin dependency. Target young people.
- Train and educate parents on warning signs in their homes
For example, broken pens and loose tampon straws may signal heroin snorting. One suggested that when a patient for opioid usage goes to a treatment center, the staff should provide on-the-spot education for family members.
- Mandate stricter policies for doctor's prescriptions
Some people resort to stealing their doctor's prescription pads.
- Provide in-county detoxification
Currently not available.
- Provide other treatment programs besides Methadone
Some testified that people are moving from a heroin addiction to a Methadone dependency. Others suggested that Methadone is not the answer and simply a stepping stone. Some voiced their concern about for-profit Methadone clinics
- Provide adequate/more funding to detoxification centers to reduce the waitlist, and offer longer recovery periods
Generally agreed on a one-month minimum recovery stay.
- Provide more sober and halfway houses
- Provide multi-media campaign using television and radio to spread the message
- Provide state help-lines
- Provide a needle exchange law/program
- Investigate effective heroin programs, such as North Carolina's TROSA and Italy's PATRIGANAO
- Investigate if Medicaid can begin to pay for heroin recovery programs
- Mandate that patients who enter treatment programs are guaranteed treatment for the entirety of their stay
- Treatment clinics should be liable (ie. Dram Shop liability)
- State should collect comprehensive data on state-wide trends
- Embrace the 12-step program for recovery
- Arrests can sometimes be the message to stop using heroin

ADJOURNMENT

The summit concluded at 3:11 PM.

CONTACT

Submit questions, comments, or concerns to: heroin.taskforce@maryland.gov

For more information, please visit: <http://ltgovernor.maryland.gov>

CONTACT

For more information, please visit <http://gov.maryland.gov> or contact us at gov.maryland.gov

GOVERNOR'S HEROIN AND OPIOID EMERGENCY TASK FORCE
UPPER SHORE/ NORTH EAST MARYLAND SUMMIT DETAILED NOTES

March 17, 2015, 10:00 AM – 3:30 PM
Cecil County Administration Building
200 Chesapeake Boulevard, Elkton, Maryland 21921

Suggestions for Task Force highlighted

Task Force Members

Lieutenant Governor Boyd Rutherford
Sheriff Timothy Cameron
Dr. Michael Finegan
Elizabeth Embry
Tracey Myers-Preston
Linda Williams
Dr. Chris Welch, on behalf of Dr. Bankole Johnson
Irnande Altema, on behalf of Senator Katherine Klausmeier

Not in attendance

Delegate Brett Wilson
Dr. Marc Fishman
Judge Julie S. Solt

10:14 AM Lieutenant Governor addresses audience

Remarks

- When he asked people, "What were the big challenges?"
 - o Expected resources, budget
 - o People responded that heroin was the problem throughout the state
- Plan is to go out to the community, and get an understanding of broader issue
- Solution: holistic approach
 - o Prevention
 - o Cutting off the pipeline
 - o Treatment & recovery
 - o Law enforcement
- Interim report will come around summer
 - o Final report will come around end of year
- Deaths from heroin overdose has surpassed deaths by automobile, murder
- Submit comments @ ltgovernor.maryland.gov

Electeds/ Law Enforcement

10:21 AM Tari Moore, Cecil County Executive

- Opened by introducing the people working on the heroin issue
 - o *Keith Barnes*
 - o *Ken Collins*

- Mike Mazula
- State Attorney
- Jim Everhart
- Former Mayor
- County Population: 100,000
- Highest death rate per capita in 2011
 - Governor visited to discuss overdose prevention plan
- Systemic approach (organized into four pillars)
 1. Prevention (two main parts)
 - Primary prevention
 - Students to DEA program @ Maryland Science Center
 - Funded prevention program using lottery funds
 - Overdose prevention
 - First 24hr take-back box – encourage people to clean out medicine cabinets
 - Good for environment
 - Keeps out of burglar's hands
 - Review fatalities
 2. Treatment
 - Partnered with local hospitals
 - Created Peer Recovery Program
 - Matches recovering addicts with people who want treatment
 - Health department has created on-demand recovery program
 3. Recovery
 - Most difficult step/task
 - Lack of support, housing
 - Recovery is steep challenge
 - Opened seven recovery houses
 - Given a face to people who are in crisis
 4. Public Safety
 - Law enforcement
 - County has funded AG office, and forensic lab for enforcement
 - Weekly reports with Maryland State Police?

SUGGESTIONS

1. Blue Folder (handout)
 - a. Asked Task Force to review "Outline of major initiatives"
2. Funding continues a huge barrier for small county with limited resources
 - a. Hopes state will be strong in helping local communities
3. Education
 - a. Finding funding for prevention is tough
 - i. First to be cut from budget, but believes it is the biggest tool
 - ii. Doesn't have to send addicts to jail; doesn't break apart families
4. Better communication between local and state
 - a. Locals are eyes and ears
 - b. Wants to be strong partners

Q) Treatment of Demand Program – how it works

- Stephanie Garret
 - o Have counselors available for people who want treatment
 - o Person will be paired with counselor, and then fit into the schedule
- Q) Timothy Cameron – question regarding overdose prevention**
 - Carl Webner, Cecil County (expert)
 - o Local overdose fatality team only looks at overdose that results in intoxication death
 - o Team includes: local health department, union hospitals, health providers
- Q) Prevention efforts - How were they selected?**
 - Started with an in-depth look at Cecil County – what were some of the root causes?
 - Worked with different programs to find evidence-based results to develop programs

10:36 AM Harris Murphy, Kent County State's Attorney

- Asked to represent Kent County's and state attorney's perspective
- Kent County is smallest county in the state (20,000 people, or less than 1% of Maryland)
 - o Due to small size, heroin has significant impact on the county
 - o Most people know each other in Kent County – people know when another is suffering from heroin abuse
- Problem was rare about 10 years ago
 - o Today, this comprises the majority of illegal drug activity since marijuana regulations changed
- 75-80% of drug enforcement activity is related to investigating or to stem the flow of heroin
- Heroin-related arrests have increased over the years
 - o Increase in theft, burglary, robbery to finance drug habit
 - o In 2013-14, possession of heroin or distribution of heroin comprised about 20% of related cases (add another 10% if you include the heroin-related arrests)
 - o For his upcoming docket – about half of docket is heroin/heroin distribution related
- A lot of users are funding their habit by going to Baltimore to buy enough to deal drugs, and going into smaller communities to sell
- This is more than just law enforcement – it's a public health issue
- In 2010, there were enough prescriptions drugs to medicate every American adult every four hours for a month
 - o Americans (comprising 5% of world population) consume about 75% of world's medications
 - o 1/10 over age 12 are on anti-depressants
 - o For him, it's not a surprise that we have this problem

SUGGESTIONS

1. Change culture – reduce dependence on drugs and painkillers
2. Survey local counties to get a variety of potential solutions
3. Fund local law enforcement programs

Comment) Lieutenant Governor – ¾ of heroin users are coming off of another drug

- Heroin is seen as access to cheap painkillers

Q) Michael Finegan – question about interstate communication – to combat drug trafficking

- Lieutenant Governor agreed that we could improve the communication especially with AG offices

10:49 AM Gary Hoffman, Queen Anne's County Sheriff

- All law enforcement share similar stories – just different faces and locations

- Police went out and addressed doctors, pharmacists, and community
 - o Educated consumers to dispose unused prescriptions so it doesn't end up in kid's hands
- Tried to send message to reduce prescription abuse
 - o Deploy Narcan in vehicles to save life of person suffering an overdose
- Everyone knows that heroin is cheaper than obtaining prescription drug
- Often, families are ashamed to report/ask for help with drug abuse
 - o *Personal work story* – Father told Sheriff Hoffman that his son stole \$50,000 to fund addiction. The affluent family wouldn't admit that their son had a problem. They tried intervention and treatment – unsuccessfully. Police advised father to charge his son or that the father would soon be purchasing his son's tombstone. Eventually, the son was charged and Sheriff Hoffman believes it saved his life.
 - o Downside to his advice: a young man with chemical dependency was placed in criminal detention center
 1. Doesn't believe jail is always the answer for heroin abusers

SUGGESTIONS

1. Law enforcement needs help with heroin trafficking over state borders
 - Heroin causes crime in our community and death, and is the driving force of car thefts, thefts from autos, and burglaries (often occurs in family household)
- Q) Lieutenant Governor – We are looking into how to get families past the stigma, whether to arrest
- We need to make distinction between individual who we're upset with because stealing and those we're afraid of (jail system incarceration for them)
- Q) Linda Williams – agrees that it would be great if we had better options than just arresting heroin users
- Q) Irnande Altema – Can officers use naloxone?
- A) Every officer on the street has been equipped with two doses of naloxone
 - Officers are trained to use
- Q) Chris Welch – Can families use?
- A) Families must be trained to use

11:00 AM Break

Local Addiction Treatment Experts/Advocates

11:13 AM Gary Fry, Director, Queen Anne's County Health Department

- Prevention, intervention, treatment - all intimately linked
 - o Prevention – talk to schools about dangers related to drug abuse
 - o Police Agencies – identify addicts and get them to where they need to be
- "We are not going to arrest our way out of the problem"
- 30+ year history in Queen Anne's where any charge possibly related to drug use is court-ordered to have an assessment (ie. Breaking and entering may be related to drug use – might be assessed if person is committing the crime to feed habit)
 - o District Court judges will refer all drug-related suspicions for an assessment for treatment options
- For proper treatment, we must provide right treatment with right dose and care level
- Collecting information first is important because it allows him to direct energy where it needs to go
- Overdose deaths: 4 in 2015 (about same rate as this time last year)

- Word of caution: shining a bright light on the issue may place people and parents in false state of security

Q) Elizabeth Embry – Court-ordered assessment -

- Part of probation order

Q) Have you looked into pre-trial assessments?

- Yes

Q) Are you looking at criminal justice data together with health data?

- Yes – he tries to track as much data as he can

Q) Lieutenant Governor – What has data shown you on recidivism?

- Hard to pair all levels of treatment in their community because too small
- Cannot provide all the resources available to outpatient treatment because county too small or doesn't have enough victims to treat for it to make sense

Q) Michael Finegan – commends Mr. Fry's points on unintended consequences where good noble missions may lead to unintended consequences – are there any other unintended consequences?

- Lack of adolescents in treatment programs – this is despite adolescents using various drugs
- When classrooms asked if they know anyone who uses drugs – all hands go up

Comment) Michael Finegan – requested an email to the panel on suggestions on how to help families, may it be economic, to engage families to make them more hungry for change because there are lots of programs for kids but parents aren't

11:24 AM Leland Spencer, Kent County Health Department Officer

- Responsible for prevention, treatment
- Outpatient addiction center
- Regional inpatient center that serves all 9 Eastern Shore counties
- **Focus on regional – A.F. Whitsitt Center**
 - o Located in Chestertown & Allegany County
 - o Established 1993
 - o 26 bed in-patient unit that treats mental health disorders
 - o Treats 500 patients annually
 - o Prioritized to treat low-income and medical assistance patients
 - o Clients receive ideally 4-week withdrawal program
 - o Evidence-based treatment
 - o Aftercare
- Screened by health departments
 - o Patients are at high-risk for overdose
 - o Failed outpatient treatment
 - o Usually last hope for patients
- Waiting list stands at 80 people (about 6 weeks to get off)
 - o At highest risk because physiological dependence on drug where they need drug to feel normal
 - o Decreased average stay from 4 weeks to 2-3 weeks to treat more people (shorter duration)
 - o Drug: Suboxone
 1. Limited availability in rural communities
- Thefts and deaths related to heroin dependence have increased
- 12 overdose deaths per year for entire upper coast region
 - o Some counties have doubled, or tripled in drug-related crimes

- A.F. Whitsitt Center has capacity to expand, and add 30 more beds with State assistance
 - o Medicaid does not reimburse

Q) Tracey Myers-Preston – impact on outcomes with shorter stays?

- Open up one wing into recovery unit
- Try to keep in touch
- Helpful to maintain in contact
- Controversy over how long to keep patients at hospital
- 4 weeks is ideal – to correct physical, job problems
 - o Half come with severe depression
 - o Also important to treat social and career issues than just physical

11:33 AM Dr. Paul Katz

- We can be more successful with this view that addiction is problem with brain
 - o Therefore, we must change the language to change perception
 - o Addicts should not be dirty – they should be recovering addicts
- We must expand services to get people back into society
- Heroin is a biological, social, psych-, disease
- We must provide safe environment where detox can occur
 - o Cecil County needs more facilities to assist in this process

SUGGESTIONS

1. Buprenorphine – we must make sure that doctors are not profiting from the sale of the drug
 - o There should be legislation to require doctors to create a recovery program beyond simply prescribing medication
2. ID other related diseases to treat (hepatitis, HIV, and so forth)
3. Patients need appropriate levels of mental health treatment
 - o Providers are constantly asked to find budget cuts
4. Readiness to change from patient – must focus on having patients really want to be in jail
 - o Decriminalize if possible
 - o Some people don't want to be in recovery, but just want to be out of jail
 - o Or want their kids back, or want to go back to jobs
5. Relapse potential – without ongoing treatment of chronic disease – it will continue with 85% of people who get treatment recidivism
6. Adequate housing, therapeutic treatment
7. Building jobs for addicts
8. We need to understand each other's roles and talk to each other
9. PDMP – monitoring is great but we need to be able to talk to Delaware or PA PDMP
10. Supports medical marijuana legalization
 - o Reduced 30% in opioid drug-related deaths

11:42 AM Charlotte Meck

- Lifelong resident of Cecil County, 2 children, loves home but concerned with county addiction
- Registered nurse
- Saw her share of overdoses
- Father Martin's Ashley located in Havre De Grace, MD
 - o Non-profit
 - o Involved with commercial insurance companies - \$4 million in scholarship funds on needs-based basis

- 85 beds (soon to be 100 beds)
 - 1200 patients/year
 - Significant increase in heroin related patients
- Patient type
 - Young
 - 18-25
 - Most begin using drugs at age 12
 - Some have struggled with hard-experiences related to drugs
 - Common to see kids taking first drug from parents or at school
 - 1. Not knowing what they're taking
 - Never knew it would lead to heroin use
 - 1. Never thought they would inject
- Human brain does not reach full maturity until 20s
 - Thus, we must keep this drug out of young hands
 - Easy targets for drug dealers
 - 15-20 years life expectancy once drug usage begins
- Care plan
 - Living arrangements
 - Outpatient treatment housing
 - Proven that more treatment allows brain to continue to heal
 - People from all walks of life are affected – from homeless to very affluent
- Chronic pain recovery program
 - Many people suffer from opioid usage for years, such as this example
 - 1. 62yo Caucasian fisherman
 - 2. Knee, back pain
 - 3. Opiates for pain, used sporadically because made him dizzy
 - 4. Began using daily and increased dosage as pain grew
 - 5. Began overdosing – sought help from doctors
 - 6. Received no referral for treatment
 - 7. Friend suggested heroin
 - Had never previously used illicit drugs
 - 8. Presented to program because wife found out about drug use
 - 9. Treatment at center included:
 - Acupuncture, massage treatment
 - Pain dropped from 10 to 1
 - This was a case of hyperalgesia
- Challenges
 - Patients who need inpatient care
 - Some patients are not motivated for treatment but family is motivated
 - 1. Many don't have finances for intervention treatment
 - 2. Not equipped to stop enabling behavior

SUGGESTIONS

1. Raise awareness
 - Great jobs in county
 - Schools have their own programs
1. Investigate programs such as Pennsylvania Act 106 of 1989 for the state
2. Education programs for family members

- Must be available in all schools
- 3. Mandate all drug prescriptions be sent electronically, or at least be locked
 - People will steal prescription pads and getting drugs – Mostly at busy grocery-store pharmacy
- 4. People bring discarded oxy drug bottles
 - Must collect because people will use their old drugs
 - Install take-back boxes
 - 70% of users initially get drugs from friend or family
- 5. Physicians should be notified if their drug prescription is related to crime investigation
 - Many physicians do not believe any of their patients are addicts
- 6. Facilities be accredited
- 7. Drug-free zones around methadone clinics, treatment facilities
 - People will try to bring drugs to Father Martin's
- Over 30,000 alumni
- Working with Cecil County Drug Task Force

11:55 AM Rebecca Mitch-McKee, PhD

- Local psychologist – Large group practice
 - Works with people suffering from heroin dependence
 - Queen Anne's County (Centerville, Stevensville)
- Prevention, intervention, treatment options available at sites
- 4 million will use heroin in lifetime
- The withdrawal symptoms will begin immediately
- Primary role: provide behavioral treatment – both physiological and psychological
 - Abstinence from heroin and any other drugs
 - Often comorbid with other drugs
- Work with potential relapse – all in combination with pharmacological

Treatment – Cognitive spectrum and medication being prescribed

SUGGESTIONS

1. Support pharmacological intervention being linked with physiological treatment
2. Develop partnership between private and public programs
 - QA County has systems in place to meet privately and publically
3. Provide incentives to local/mental health providers & physicians to treat addicts via State funding
4. Encourage system of collaboration with working professionals

Comments) Michael Finegan – 85% relapse rate, Care for economically-challenged

- Abstinence-based program (not Medicaid program) changed because was not successful with 85% failure rate
- Charlotte Meck – Hazeltown Core 12 Program has not published research yet
 - Awaiting publication
 - Young adults enrolled in Suboxone – kept in outpatient program
 - Look at out-patient program without Suboxone – has not begun yet
 - They use Vivitrol – helpful but very expensive (injectable every 30 days) – insurance companies are begin to pay for it
 1. Revia drug

Q) Michael Finegan – are you switching to drug-based treatment?

A) Drugs are not long-term solution, but helpful for young patients

Q) Michael Finegan – interested in comments on private provider – what are challenges of private-sector addiction programs? Recommendations to deal with challenges?

- # of physicians that are providing medicinal interventions (too low) – lack of physician services
- In terms of collaboration, working with County Health Department (interoffice understanding) is very helpful
- Encourage private providers to become stakeholders

12:06 PM – Break

12:19 PM Lorri Irrgang

- Elementary School teacher
- Began journey 3 years ago to help parents with addict children
- Son went from marijuana to opiates
 - o Son is 10 months sober
- Solution must start with families
- 2 NAR-ANON meetings – 12-step program meetings for parents – 18-35 adults/children
 - o Parents are learning what to do and what not to do
- Voices of Hope
- CARE (Cecil Advocates for Recovery Education)
- Many kids are being abused
- Health Department (peer advocates available for high school kids) – focused on substance abuse
- Personal story – step-son: no legal record priors while waiting for treatment. He stole her car and drove to Philly. She ended up pressing charges.
- Voices of Hope
 - o Having speakers come to speak about messages of hope
- Recovery takes time
 - o Cecil county – people come to use and sell heroin
 - o People need to start coming to Cecil Co. for recovery and treatment

SUGGESTIONS

1. As in parenting classes for divorce, parents should take classes for information, resources on how to react to children
 - o Many parents unsure of how to talk to children – we should teach parents
2. Education for kids should start at Middle School level
 - o Alcohol and prescription drug are readily available in most kid's homes, or their friend's homes
3. "We Matter Too" – program name for siblings in families with heroin users
 - o Focus on them too
4. We need on-demand health department access – sometimes the wait is 3-5 weeks
 - o Sometimes they detox on their own while on waitlist
 - o More accessibility to health treatment
5. Work on trying to get rid of social stigma
 - o Solution: more education about the disease
6. Teachers often don't know when kids in their class are using drugs
 - o Build protocol – she personally didn't know there was a suspicion
 - o Train teachers to ID risk-factors

12:28 PM Pastor Thomas Lantieri

- Sober for 20 years

- Working with addicts
- FACE-IT program – \$1,000,000 federal grant to treat addiction
- Buried own son last September 2014
- Elevate and promote things that are working
 - o Change broken policies
- Better communication across the table, political parties
- Join together as humble servants

SUGGESTIONS

1. Open the opportunity to individuals who overcame addiction to speak at schools to prevent usage at school-level
2. Deal frankly with reality and effects of family decay to build strong families – develop healthy marriages
3. Understand that this is a public health issue
4. No Penalty for out-of-state help
5. Inclusion of faith-based community to attack disease with love, community

12:35 PM Patricia Jones

- Opened Dexter House in northeast Maryland
 - o Charlotte Hall for women
 - o Dexter House 2 (8 bed)
 - o 21 beds total for substance-abuse
- Problem: irresponsible doctors
 - o County counsel not doing enough
- In last 19 months, easiest part is dealing with people trying to fix their habit
- Frustrated with broken system
 - o Cuts to treatment beds, which she believes worked
 - o \$2 million available but money is stuck in pipeline
- Forced to join MSAR – compromised beliefs to get support from State but no money paid
- Recovering addicts fail criminal background checks – no jobs
- She personally helped 5 individuals become 18 months sober
 - o Another 4 individuals are 12 months or more sober

SUGGESTIONS

1. State funding unavailable for months from DHMH
2. Large percentage of patients have mental health issue – we set them up to fail when not treating that aspect
3. Advocates needed
4. Treatment dollars needed towards programs that work

12:39 PM Diana Broomell

- Elected official for four years
- Sat on local drug abuse council
- Listened to drug task force chair, Jerry Widows
- She asked what they're doing – panel said that they were advisory only
- Who is in control of alcohol and tobacco councils?
 - o Wants board to think about whether substance abuse treatment is based on success or greed
- SB194 (Ehrlich term) – each county establish their own council

- Requirements include local plan submitted to Governor
- Review notes with legal annotations
 - DAAC did not review treatment programs
 - Did not discuss programs for abuse
 - Did not provide progress reports
 - Total amount of funding still not provided
 - 1. Doesn't show how much Cecil County received
 - Bylaws were not being followed
- Clear obstruction – for wanting real conversation about treatment and recovery
 - She was removed from Drug and Alcohol Council for “being divisive”

SUGGESTIONS

1. Step #1 - open up the Whitsitt Center
 - Problem escalated when Whitsitt Center closed
2. We need access to detox – which is the start to recovery
3. Limited dollars need to go to programs that work – not those that fail
4. Marie Allen Program
 - Principal Edwards at Rising Sun – he had no idea Rising Sun was one of the worst schools in the county in terms of drug usage
5. Provide Treatment programs in jails
6. PDMP – require doctors to participate
7. Be more responsive with pill-mill doctors
 - One-year probation given to offending doctor
8. Naloxone has dramatically increased in price – let's find out why

Comments) Linda Williams – families don't always know what it's like dealing with insurance, gaps

- It's wrong that detox is not included in Medicaid

Break 12:51 PM

Public Comments

1:39 PM Barry Glassman – Harford County Executive

- Negotiations and deliberations with county hospitals
- Several statewide task forces – Harford modeled University of Maryland's Center for Gaming
 - Sees it as a think-tank
 1. Discover what's working and what's not working

SUGGESTIONS

1. Multi-media campaign using television, radio to get message out
2. #2 Prevention – anticipates most-successful means of beating heroin addiction
 - 7th and 8th grade has exposure – make sure to look at Middle Schoolers
3. State should collect data on state-wide trends
 - On public policy side, we should partner with UM law school, psychology departments
4. Includes help-line
5. Local will have to partner with state, and state will have to provide funds
 - Counties will have to provide access to treatment and funding to build

Comment) Linda Williams – Thanked Glassman for focusing on treatment

- Gaps between insurance and medical insurance companies must be addressed

1:49 PM Jennifer Turke

Representative for Voices of Hope for Cecil County

- Mother of four/wife
- Member of Cecil County Recovery Community
 - o We are a strong community
 - o No numbers because we are anonymous
 - o We are everywhere
- Member of 85% who relapsed
- 2011 Cecil County Health report – highest amount of death by overdose
 - o Highest suicide
 - o Highest child abuse
- Voices of Hope meets Wednesday @ 5:30
 - o Needs help from politicians, businessman to setup

SUGGESTIONS

1. Needle exchange law
2. In-county detox – there is currently no program whether you have money or not
3. Speak to her if you would like additional members on the board

1:53 PM Sam Dickerson

- Person in long-term recovery

SUGGESTIONS

1. Early intervention and access to treatment are solutions
 - o Stigma begins
 - o William White terms – we have used vague rhetoric when people are presented with results of the emergency room, they are treated with stigma
 - o They are not treated properly
2. Stigma prevents access to recovery, treatment
 - o There was a huge pushback against legislation for recovery houses because of stigma
 - o Let the recovering addicts be on the frontlines talking to addicts
3. Main goal: to make them commit to treatment
 - o But Medicaid will not pay
 - o Disconnect between so much money pushed towards prevention but not paying for treatment

1:57 PM Neil Dampier

- Associate Director at North Bay
 - o Education program for Middle School students based in Cecil Co.
- Work with 10,000 public middle school children
 - o Sees lots of kids directly- and indirectly affected by drug abuse
- Middle schoolers are incredibly susceptible to influences
- Place emphasis on prevention
 - o This begins at young age – we have opportunity to impact young people's decisions because it affects themselves and people around them

2:00 PM LeeAnn Cook

- Currently a Girl Scout in Chesapeake Bay area
- Brother and sister were addicts – started at young age

- Going to start a scared-straight program in Cecil County
 - o Since it starts at a young age, it'll help to have kids to see what prison is like

2:03 PM Candy Bathon

- County has cheapest land on I-95 corridor
- Bordered by two states for two state's undesirable
- Only misdemeanor for doctors to be pill-mill
 - o This is attracting drug addicts to Maryland
- While we were teaching kids to not use marijuana, the problem was actually tic-tac looking opiate pills
- Observations to address:
 - o Protect society
 - o So many addiction stories start with marijuana
 - o Opiate drug usage laws same as Delaware
 - o Short on recovery beds – sometimes jail can be a recovery bed

SUGGESTIONS

1. Arrests can sometimes be the message to stop using
2. Provide other programs besides methadone
3. Embrace 12-step programs for recovery

2:06 PM April Foster

- Mother of recovered addict
- Went through it 7 years ago, when there were little resources in the County
- Lost two son-in-laws due to drug use
- Seen county change from occasional heroin users to they're in your backyard
- 2nd permanent drug drop-box at police station
- Started support group to help parents and guide them
- Hosts counseling at Rising Sun Public Library

2:10 PM Robert Laird

- Addiction is a family disease
- Faith-based recovery house for men
 - o \$250/man + transportation to
 - o 1-year faith based program
- Mercy House for Women
 - o 1-year faith based program
- New Life For Youth @ Bethel Colony (75 years)
- Looking for property to host faith-based recovery program
- Also manages food ministry

2:13 PM Pat White

- Parent of addict in recovery
- Knows 40 families with similar story
- Story starts with doctor-prescribed drugs to heroin to opiate abuse
- After four weeks of search, she found detox methadone addict program in Pennsylvania
 - o Never got rehab in jail
 - o Didn't want child in jail to face detox on jail floor
 - o MD denied apprenticeship due to criminal record

- Son is 2 year sober with low-paying job

SUGGESTIONS

1. Job opportunities to fight recidivism
2. MD should do whatever it takes to facilitate job opportunities

2:16 PM Randal Landis

- Former addict
- You need a maverick approach to heroin
 - o Everything needs to be revamped
- Heroin is super complex
 - o Five-year fight
 - o Started with curiosity – took five-years to stop
- In jails, if you have Suboxone, first seven days are hell
 - o People will say anything to get high
 - o First 30-days are physical
 - o Five-six months to fix emotional problems
- Halfway house is ridiculous that you have to pay for it
- Money and funding issues – it's ridiculous to just ask government for money
 - o Businesses and venture capitalists will give money
- Baltimore – “helping out mission”
 - o Overhead: \$3 million/year
 - o All non-profit, uses contributions
 - o 30-day rehab is ridiculous; first two weeks is exhausting –
 1. This needs to be looked at in a whole different manner
 - o Answer is detox and life-coaching
 1. People need self-confidence
 2. You need professionals who struggled with this issue; otherwise, scholars will never understand it without having gone through and experienced it

2:22 PM Patricia Reilly-Ayers

- Mother of an addict
 - o Threw her out (tough love)
 - o Daughter is prostituting; she chose drugs
 - o Went to Whitsitt center twice; they put her out twice
 - o Started using due to death of brother
- Whitsitt needs at least 30 days and more beds
 - o People need time to regroup after detox
- Heroin is \$5/bag and 90% pure
- 20-years cocaine-free
- Paris Foundation, Mary Randall Center, Settlement House
- Asking for: Funding for Whitsitt
 - o Can't wait 6 weeks for a bed; otherwise they'll relapse again
- Haven House – after detox center

2:26 PM C. Stewart Demond

- 15 year cocaine recovering
- Don't look down at the people unless you're going to help them on the way up

2:27 PM Robert DiCocco

- Mom was killed by methadone user
- Methadone clinics are for-profit
 - o Investment groups invest in clinics because people don't get better
- Methadone is not the answer, it's a stepping stone
- Methadone is just trading one drug for another
 - o Class 2 drug

SUGGESTIONS

- Methadone is similar to alcohol
 - o Dram Shop Liability
 - o Cannot sue for negligence
 - o Clinics should be liable like alcohol bars

2:31 PM Katlyn Ramey

- 25yo
- Dedicated whole adult life to fighting
- Sister started using at 15yo
 - o Look for track marks
 - o She was given methadone as young adult – went to Baltimore County
 - o Took 5 years
 - o Suboxone from psychiatrist
 - o Now addicted to Methadone, Suboxone, and heroin
 - o Homeless in Cecil County
 - o Went back on Methadone and suffering complete organ failure
 - o No rehabs that will accept her condition
 - o Cannot be committed to union hospital
 - 1. Resorted to lying to get accepted
 - 2. Won't accept responsibility to medical conditions

SUGGESTIONS

1. More options for detox
2. Focus on other programs other than methadone
3. Start at younger age
 - o Over 2,400 in Cecil County suffering from addiction
 - o No programs to help anyone under age of 18
4. More half-way houses (instead of trying to go out-of-state where insurance doesn't apply)

2:36 PM Kelly Frost

- Disturbed that panel includes state registered lobbyist
- Organization lobbies state for members
 - o This lobbyist organization lobbies for Methadone usage
 - o Pushes preferred provider program
- Resigned from DAAC program?
- "I had never seen an application or grant or reviewed any public or private funds to program that measured anything"
 - o They are not operating properly
- MADC? – sits on panel?
- Physical dependence develops after 10 days statement is false
- Problem with people boosting

2:41 PM Jim & Helen Kurtz

- Daughter is heroin addict, 23yo
 - o Thanked Governor Hogan, Lieutenant Governor Rutherford, Harry Glassman
- Spent last four years emotionally and financially drained
- No matter where you go or who you talk to, the stigma exists
- Seems to be same stigma as cancer during the 60s
- 57yo male
 - o Hit wall of discrimination because daughter has disease of addiction
- Questions: why do we prosecute those addicted to drugs?
 - o Should diabetics be arrested for eating donuts?
 - o Why do medical professionals treat addicts like second-class citizens?
- ER doctor treated her like immoral degenerate who didn't know what's best for her
 - o Played AMA card – knew daughter could not go to treatment house if she has AMA

SUGGESTIONS

1. Main problem comes back to one word: STIGMA
 - o This was a hush-hush issue for being labeled as loser parent with loser kid
 - o Persisted to find help program
 - o Found ACR

Comment) Michael Finegan – Task Force will drop silos

2:47 PM Margaret Hawk

- Treatment facilities all over the country – works in Maryland to expedite patients to proper treatment facilities
 - o A lot of probation officers will not return phone calls
 - o Wants to understand why they're not helping people get help – other than they want them to be incarcerated
- Agrees with stigma problem
- Wants ways to work together to get help they need where people are willing to accept help

2:51 PM Richard Raftery

- He's the one who gets referrals from people begging for help
- We need immediate help for these people in Cecil
 - o People are knocking on death's door
- People who he works with are overworked and exhausted
- 14-30yo patients – daily thing but not enough help
- 24y sober
- We have resources but too many loopholes – so many walls to do it in a timely basis
 - o Whole system has to be revamped
 1. Needs to grab people immediately
 2. Short window of time to get clients what they need
 3. Sees revolving door of people – he's most worried about people who don't return

2:55 PM Dawn Rodenbaugh

- 15y resident; EMT;
- Runs program to keep youth out of system

- 85-90% non-recidivism; 20% are drug referrals; 15% alcohol-related
- 1/3 are drug and alcohol
- Knows it doesn't start with heroin
- Offers a class exclusively for youth addicts

SUGGESTIONS

1. Youth intervention is key
2. Funding for her programs

2:58 PM Tracy Marvel

- Mother of addict
- EMT provider
- Not enough half-way houses; got pregnant during drugs; used opiates including heroin
 - OB discharged her to Baltimore City for Hopkins Bayview, Baltimore, to treat for pregnant women with drug dependence – only place that treats in MD
 - Still-born child

SUGGESTIONS

3. Current treatment model does not work
 - My perfect world – we would require emergency policy where patients with opiates in their system get Narcan – and then educate families there on the spot
4. Train/educate parents on what to look for in their homes
 - Broken pens → snorting
 - Tampon straws → snorting

3:04 PM Marie Finnegan

- Four sons/2 addicts/2 in jail
- Wondering if State of Emergency was called
 - Richard T. provided response

3:07 PM Craig and Lisa McLochlan

- Child lost 19yo daughter
- 18-19 program centers
- Insurance: only approved counseling for day at a time treatment
 - If 97% of heroin users are dying, then we must do something different
 - State mandate to provide middle-school education
- For youth 28-day programs, they're not effective
 - TROSA – North Carolina 2-year program
 1. People work from day one
 - Italy – PATRIGANAO – well-acclaimed 3-year program
 - His church operates a 5-person recovery program

SUGGESTIONS

1. If client enters program, they're guaranteed treatment for entirety of stay
2. Get stricter with doctor prescriptions

3:11 PM End

1. The first part of the report is a general introduction to the subject.

2. The second part is a detailed description of the methods used.

3. The third part is a discussion of the results obtained.

4. The fourth part is a conclusion and a list of references.

5. The fifth part is a list of figures.

6. The sixth part is a list of tables.

7. The seventh part is a list of appendices.

8. The eighth part is a list of footnotes.

9. The ninth part is a list of references.

10. The tenth part is a list of figures.

11. The eleventh part is a list of tables.

12. The twelfth part is a list of appendices.

13. The thirteenth part is a list of footnotes.

14. The fourteenth part is a list of references.

15. The fifteenth part is a list of figures.

16. The sixteenth part is a list of tables.

17. The seventeenth part is a list of appendices.

18. The eighteenth part is a list of footnotes.

19. The nineteenth part is a list of references.

20. The twentieth part is a list of figures.

21. The twenty-first part is a list of tables.

22. The twenty-second part is a list of appendices.

23. The twenty-third part is a list of footnotes.

24. The twenty-fourth part is a list of references.

25. The twenty-fifth part is a list of figures.

26. The twenty-sixth part is a list of tables.

27. The twenty-seventh part is a list of appendices.

28. The twenty-eighth part is a list of footnotes.

29. The twenty-ninth part is a list of references.

30. The thirtieth part is a list of figures.

31. The thirty-first part is a list of tables.

32. The thirty-second part is a list of appendices.

33. The thirty-third part is a list of footnotes.

34. The thirty-fourth part is a list of references.

35. The thirty-fifth part is a list of figures.

36. The thirty-sixth part is a list of tables.

37. The thirty-seventh part is a list of appendices.

38. The thirty-eighth part is a list of footnotes.

39. The thirty-ninth part is a list of references.

40. The fortieth part is a list of figures.

41. The forty-first part is a list of tables.

42. The forty-second part is a list of appendices.

43. The forty-third part is a list of footnotes.

Electeds/ Law Enforcement (10 mins)		
Cecil County Executive Tari Moore		
Harford County Executive Barry Glassman (will arrive at 2pm) -		
Kent County State's Attorney Harris Murphy		
Queen Anne's County Sheriff Gary Hoffman		
Local Addiction Treatment Experts/Advocates (6 mins)		
1 Gary Fry, Queen Anne's County Health Department -		
2 Dr. Leland Spencer, Kent County Health Department		
3 Dr. Paul Katz - <i>Cecil</i>		
4 Charlotte Meck, Father Martin's Ashley		
5 Rebecca Mitch-McKee, Anne Arundel Counseling		
6 Pastor Thomas Lantieri		
7 Tracey Marvel ?		
8 Lorri Irgang		
9 Patricia Jones - <i>Dexter House</i>		
10 Diana Broomell		
Public Comment (3 mins)		
Cydney Teal, MD Elkton	Other	Chief Medical Officer, Union Hospital of Cecil County
Jimena Ryan Olney	Education/ Awareness	I am the mother of 25 year old - Casey Patrick Ryan who died Jan 30, 2015 of fentanyl intoxication. He had been in treatment in Minnesota and was home two days. He would have turned 26 years on St Patrick's Day, Born March 17, 1989. He lost a 14 year old battle with addiction.
Carol Frontera Whiteford	Education/ Awareness	Educating the public about addiction and removing the stigma so more people can get the help they need.
Sam Dickerson Elkton	Public Health	Person in Long Term Recovery - would like to address issues
Donna and Lee Ann Co Rising Sun	Other	Girl Scout Leader - and girl scout hoping to get the Scared Straight Program or other program back in Cecil County to earn Gold Award
Gandy Bathorn Elkton	Other	Active member of naranon, rental properties in area - parent of an addict

1. Introduction
 The purpose of this report is to provide a detailed analysis of the data collected during the experiment. The data was collected over a period of 10 days, and the results are presented in the following sections.

2. Methodology
 The data was collected using a series of experiments. The first experiment was designed to measure the effect of temperature on the rate of reaction. The second experiment was designed to measure the effect of concentration on the rate of reaction. The third experiment was designed to measure the effect of catalyst on the rate of reaction.

3. Results
 The results of the experiments are presented in the following tables. Table 1 shows the effect of temperature on the rate of reaction. Table 2 shows the effect of concentration on the rate of reaction. Table 3 shows the effect of catalyst on the rate of reaction.

4. Discussion
 The results of the experiments show that the rate of reaction is affected by temperature, concentration, and catalyst. The rate of reaction increases with increasing temperature, concentration, and the presence of a catalyst.

5. Conclusion
 The results of the experiments show that the rate of reaction is affected by temperature, concentration, and catalyst. The rate of reaction increases with increasing temperature, concentration, and the presence of a catalyst.

6. References
 The following references were used in the preparation of this report:

Robert Laird	North East	Other	Recovery House Manager who would like to speak about his knowledge and experience
Neil Dampier	North East	Education/Awareness	Assoc. Exec. Director of NorthBay Education, one of the countries largest leadership and environmental education programs. They have witnessed the effect of drug addiction and he wants to help solve problem.
heather williamson	whiteford	herion- emergency medical tech	
barbara metusky	joppa		
William Davis	Elkton	Other	Attorney in the process of starting non-profit recording studio for youth and has background in education and youth mentoring
Randal Landis	Annapolis	Other	has a lot to offer
April Foeter	Other	Life Experiences	Started a non-profit to help families deal with the affects of this disease
Jim Moran	Queenstown	Other	Queen Anne's County Commissioner who wants to get involved with a solution
Tracy Anderson	Elkton	Health	Registered Nurse who has seen the results of Methadone Clinics and does not feel the taxpayers should foot the bill for treatment and transportation.
C. Stewart Diamond	Elkton	Other	15 year recovered cocaine and meth addict.
Robert DiGocco	Street	Other	Mom was killed after addict received meth. dose. Federal laws are in place but MD is ignoring them. Civil suit filed against resident agent who is also Frederick County State's Attorney, but the evidence was sealed. Corruption is evident.
Everett Fitchie	Elkton	Other	Over 15 years coping with ex-wife and daughter
Kathryn Ramey	Elkton	Education/Awareness	Witnessed causes and effects of drug addiction entire life.
.Red Konrumpf	Elkton	Other	Expertise: Health System Behavioral Health - death of substance use treatment services forces reliance on emergency responders and emergency departments
Jim Kurtz	Bel Air	Education/Awareness	Parent
Helen Kurtz	Bel Air	Education/Awareness	Parent
Patricia White	Havre de Grace	Other	Parent of Recovering Addict
Nonspeaking Registrants			
Dr. Julie Standifff	Bel Air	Public Safety	Psychiatrist at Harford County Behavioral Health Services specializing in addition. Works with Suboxone and Vivitrol and provides Narcan training to public.

1. The first group of people who were
 2. The second group of people who were
 3. The third group of people who were

4. The fourth group of people who were
 5. The fifth group of people who were

6. The sixth group of people who were
 7. The seventh group of people who were

8. The eighth group of people who were
 9. The ninth group of people who were
 10. The tenth group of people who were

11. The eleventh group of people who were
 12. The twelfth group of people who were
 13. The thirteenth group of people who were

14. The fourteenth group of people who were
 15. The fifteenth group of people who were

16. The sixteenth group of people who were
 17. The seventeenth group of people who were

18. The eighteenth group of people who were
 19. The nineteenth group of people who were
 20. The twentieth group of people who were

21. The twenty-first group of people who were
 22. The twenty-second group of people who were

23. The twenty-third group of people who were
 24. The twenty-fourth group of people who were

25. The twenty-fifth group of people who were
 26. The twenty-sixth group of people who were
 27. The twenty-seventh group of people who were

28. The twenty-eighth group of people who were
 29. The twenty-ninth group of people who were

30. The thirtieth group of people who were
 31. The thirty-first group of people who were

32. The thirty-second group of people who were
 33. The thirty-third group of people who were
 34. The thirty-fourth group of people who were

35. The thirty-fifth group of people who were
 36. The thirty-sixth group of people who were

37. The thirty-seventh group of people who were
 38. The thirty-eighth group of people who were

39. The thirty-ninth group of people who were
 40. The fortieth group of people who were
 41. The forty-first group of people who were

42. The forty-second group of people who were
 43. The forty-third group of people who were

44. The forty-fourth group of people who were
 45. The forty-fifth group of people who were

46. The forty-sixth group of people who were
 47. The forty-seventh group of people who were
 48. The forty-eighth group of people who were

49. The forty-ninth group of people who were
 50. The fiftieth group of people who were

51. The fifty-first group of people who were
 52. The fifty-second group of people who were

53. The fifty-third group of people who were
 54. The fifty-fourth group of people who were
 55. The fifty-fifth group of people who were

56. The fifty-sixth group of people who were
 57. The fifty-seventh group of people who were

58. The fifty-eighth group of people who were
 59. The fifty-ninth group of people who were

60. The sixtieth group of people who were
 61. The sixty-first group of people who were

Richard Raftery	North East	Public Safety	Peer recovery advocate who would like to talk about addiction
Natasha Mehu	Annapolis	Other	Policy Analyst for MAGo - attending on behalf of MAGo
Scott Hurley	North East	Public Health	Expertise: Addiction treatment - professional in addiction treatment field as well as a former addict with 10 years in recovery.

1. The first part of the paper is devoted to a review of the literature on the topic. The second part is devoted to a description of the methodology used in the study. The third part is devoted to a presentation of the results of the study. The fourth part is devoted to a discussion of the results and their implications. The fifth part is devoted to a conclusion.

1. The first part of the paper is devoted to a review of the literature on the topic. The second part is devoted to a description of the methodology used in the study. The third part is devoted to a presentation of the results of the study. The fourth part is devoted to a discussion of the results and their implications. The fifth part is devoted to a conclusion.

1. The first part of the paper is devoted to a review of the literature on the topic. The second part is devoted to a description of the methodology used in the study. The third part is devoted to a presentation of the results of the study. The fourth part is devoted to a discussion of the results and their implications. The fifth part is devoted to a conclusion.

1. The first part of the paper is devoted to a review of the literature on the topic. The second part is devoted to a description of the methodology used in the study. The third part is devoted to a presentation of the results of the study. The fourth part is devoted to a discussion of the results and their implications. The fifth part is devoted to a conclusion.

SIGN IN SHEET FOR PUBLIC COMMENT
Lt. Governor's Drug Task Force Meeting—Cecil County
DATE: 3/17/15

#	Name	Town of Residence	Phone/Email
1	Jennifer Thierke	North East Cecil County	443-309-6457
2	Neil Dampier	North East	443 674 9106
3	Lee Ann Cook	Rising Sun	443 907 0631
4	April Foster	Colora	443-553-0523
5	K Pat White	Havre de Grace	410-939-3309
6	Karen Hattysman Bishop	Elkton	443-466-4060
7	Patricia Kelly-Ayers	North ^{CECIL} EAST	443-466-3158
8	Robert DiCocco	Harford CO	443-504-2985
9	Diana Broomell	Cecil CO	443-722-4027
10	Kelly Frost	Cecil	
11	MARGARET HAWK	Harford County	443. 970. 1384
12	Randal landis	Annapolis ^{ANNE}	410-269-9461
13	Richard Raftery	NORTHEAST	443. 858. 2792
14	Alana Brown	Perryville, MD Cecil	
15	Dawn Rodenbaugh	Rising Sun, MD	dawn481 @ zoomintv.net
16	STEW Demand	N.E. MD	302 521 1257

COUNTY EXECUTIVE TARI MOORE'S TESTIMONY TO THE HEROIN AND OPIOID EMERGENCY TASK FORCE

Cecil County Maryland - March 17, 2015

Lt Governor Boyd Rutherford and members of the Heroin and Opioid Emergency Task Force, I welcome you to Cecil County and wish you a Happy St Patrick's Day.

I'm Tari Moore, the County Executive for Cecil County.

We're honored to be the site for the first regional summit of the Heroin and Opioid Emergency Task Force, and I look forward to sharing more with you about our journey, some solutions that have already created positive changes, and the challenges we see ahead.

With me (and available to answer questions) is Sheriff Scott Adams, Health Officer Stephanie Garrity, Judge Keith Baynes. Also here with me representing the Health Department is Ken Collins, Karl Webner and Mike Missouli, and representing the State's attorney is Karl Fockler. We also have Perryville Mayor Jim Eberhardt and former Elkton Mayor Joe Fisona, who is chairperson of the Mayor's Drug Task Force.

In June of 2013, Cecil County (with a population of just over 100,000) was notified by the State that we had the highest overdose death rate per capita in the State of Maryland in 2011.

That warranted a personal visit in August of 2013 from our former Governor and a number of State officials to discuss the county's overdose prevention program.

That was a real wake-up call for our community. Like every community, we knew we had substance abuse issues - but most of us did not recognize the depth nor the severity.

Since then, however, Cecil County has taken a systemic approach involving many organizations and agencies across our community. We've organized our efforts into 4 main categories - Prevention, Treatment, Recovery, and Public safety. We've found there tends to be overlap in both the problems and solutions in those four main categories - but with a great deal of sharing information and working collaboratively, we've had some excellent results.

In your blue folder, we've provided some information for you to take home. The first document (entitled "Substance Abuse - Update on Progress") is an overview and outline of some of the major initiatives we've implemented since September of 2013.

Behind that is a six page summary (front and back) with more detail of the initiatives, activities and events that have taken place in Cecil County in that same timeframe.

I won't go into the details at this point, but I did want to provide a few highlights:

I mentioned our systemic approach with the 4 pillars: Prevention, Treatment, Recovery, and Public Safety.

First pillar - Prevention. We've had two focus area - primary prevention and overdose prevention.

Primary Prevention:

- Students have been taken to view the Drug Enforcement Agency's "Target America" exhibit at the Maryland Science Center.

- The Maryland Strategic Prevention Network (MSPF) coalition has partnered with our Liquor Board Department to reduce alcohol sales to Minors.

- Cecil County has funded a small prevention program through the Health Department out of our lottery funds.

Overdose Prevention:

- Cecil County's first permanent 24 hour "Drug Take Back Box" was installed in Elkton by former Elkton Mayor Joe Fisona. In addition, the County holds two annual Household Hazardous Waste days at our County Landfill, where the community is invited to bring unused/unwanted medications to be disposed of properly.

- The Local Overdose Fatality Review Team (LOFRT) was established to review fatalities for commonalities and threads of significance. This has been a good resource for us as we look for root causes we can examine and deal with.

- The Health Department created the Community Overdose Response Training and Naloxone (Narcan) distribution. All of our emergency responders and our law enforcement officers are trained, and almost 200 members of our community have been trained as well. Significant impact on overdose deaths.

Second pillar - Treatment:

- The Health Department has partnered with our local Union Hospital for universal substance abuse screening in the hospital's emergency room.

- Creation of the Peer Recovery Advocate (PRA) program, which has won two awards for it's effectiveness. This program matches patients with "peers" (those who have been in recovery for at least five years). Counseling with both the patient and their family is done to communicate what treatment services are available, and follows up with an offer to physically walk people over to the Health Department for treatment.

- Along with the PRA program, the Health Department has also created a "Treatment on Demand" program, where people who walk-in can be seen immediately,

and recommendations for treatment are made.

Third pillar - Recovery:

- This is one of the most difficult because there still exists an enormous stigma against people who fight to stay in recovery, and a lack of opportunities for those in recovery - for example employment, housing, and support. Relapsing is common, and the uphill climb is steep.

- In the last 19 months, seven recovery homes have opened, and a number of community support groups have started.

- Our Health Department has partnered with the Cecil Whig newspaper in publishing a weekly column entitled "Voice of Recovery". These are personal stories of individuals who have ended their cycle of addiction - and most important, it's given a face and voice to people with this disease, which has given hope to many individuals and families who are in the middle of the battle.

Fourth pillar – Law Enforcement:

- We received our High Intensity Drug Trafficking Area (HIDTA designation) which allows us access to federal support to assist us in this fight.

- The County has funded additional positions in critical needs area - as in our Drug Court, our State's Attorney's Office, and with a matching grant partnership from the State, we now have a lab analyst in the Forensic Science Division of MSP who is dedicated to processing lab results for Cecil County. This enables our prosecutors to receive timely lab reports for when the case goes to trial.

- Cecil County Sheriff leads weekly criminal intelligence meetings, allowing for increased communication and collaboration.

Fortunately, Cecil County has strong partnerships among our public agencies as well as our hospital and our non-profit organizations.

As we look to continuing to build upon what we already have in place to fight this battle, there are some clear needs that emerge. I'll conclude my comments by outlining just 3 of them.

- 1) Funding continues to be a huge barrier in allowing our community to offer a comprehensive program that includes what we need as part of an effective continuum of prevention and care - especially in these economic times - and for a small county like Cecil.

We hope the State will remain strong in their commitment to local health departments in fighting this crisis - as they are a key department local and state officials look to for solutions.

- 2) As you visit the different regions in the state, I believe a reoccurring theme will be the need for education and prevention. One of our biggest challenges in this crisis is finding

funding for prevention. When you're dealing with never-ending needs, it's usually one of the first things cut from budgets - but I believe it's the biggest tool we have for solving our substance abuse issues

A strong investment in prevention will also allow us to use limited resources in treatment, recovery, law enforcement, detention centers, and in our judicial system.

3) Make sure local government is very involved with state officials in finding solutions. We're your eyes and ears on the battlefield and we want to be strong partners with you in finding collaborative solutions moving forward.

There have been great strides made in understanding the causes and effects of substance abuse and the disease of addiction. Since this is not an issue that impacts just the people of Maryland, I anticipate there will be continued focus to find best practices in all of the "pillars" of fighting addiction. Those best practices may require legislative changes, so I would request the State's partnership as those practices are identified.

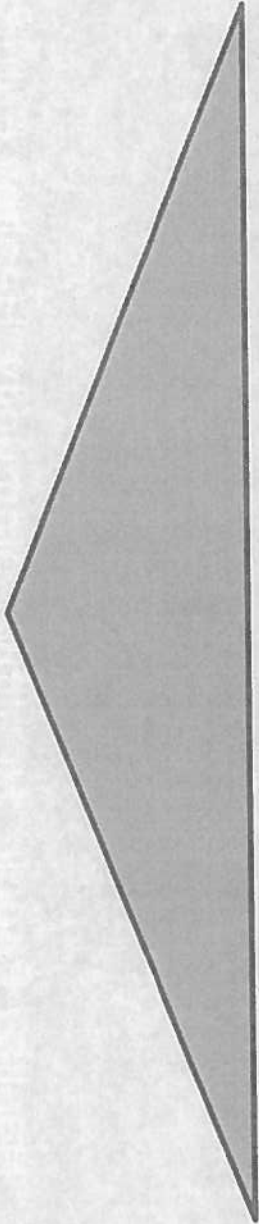
Thank you again for being here. We look forward to working with you in the future.



Substance Abuse - Update on Progress for Lt. Governor Rutherford Visit

Tuesday March 17, 2015

Healthy People. Healthy Community. Healthy Future.



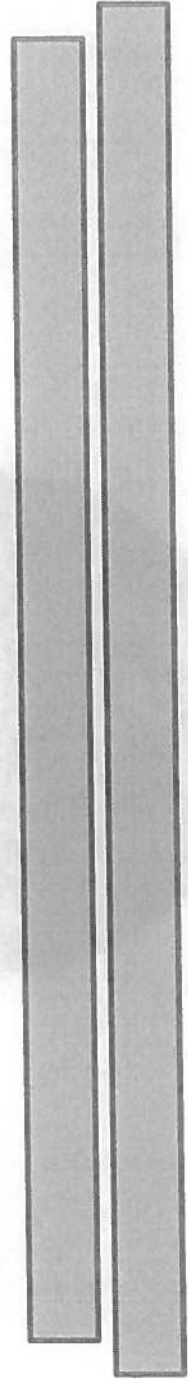
Efforts to Address Substance Use Conditions in Cecil County

PREVENTION

TREATMENT

RECOVERY

PUBLIC SAFETY



PREVENTION

(including Community Education, Early-Intervention, and OD Prevention)

Primary Prevention

- Tour of "Target America"
- Cecil Guardian - "Building a Culture of Health"
- MSPF Coalition Efforts to Reduce Alcohol Sales to Minors
- Federal Award for DFC Coalition
- MET/CBT-5, Life-Skills Expansion

Overdose Prevention

- Drug Take Back
 - ✓ First permanent drug take back box
- Local Overdose Fatality Review Team Established
- Community Overdose Response Training, Naloxone Distribution
- LEO Overdose Response Training



Cecil County, January 15, 2015 7

Building A Culture Of Health



Working to Reduce
Drug Overdose
Deaths in Cecil County

TREATMENT

- Promotion of Treatment Resources: “Are You Concerned about Someone’s Alcohol or Drug Use?”
- Universal Substance Abuse Screening at Union Hospital Emergency Room
- Hospital Based Peer Recovery Advocate Program
 - Harland Graef Quality Award
 - Maryland Association of Counties-Healthy Counties Best Practices Award
- Treatment on Demand at Health Department
 - DHMH “Award for Innovation” to CCHD staff.
- Thinking for a Change: Integrated Cognitive Behavior Change Program (T4C) for Detention Center
- Potential New Cecil County Treatment Programs



RECOVERY SUPPORT

- Cecil Whig's "Most Newsworthy Storyline in 2014"
- Screenings of "The Anonymous People"
- New Recovery Housing:
 - Dexter's House, North East
 - Charlotte House, North East
 - The Monarch House, North East
 - Dexter's House II, North East
 - Oxford House, Elkton
 - House of New Heights, Elkton
- Voices of Hope for Cecil County
- CRAVE, STEPS, CARE, Celebrate Recovery, etc.
- Cecil Whig's "Voices of Recovery"



14 most newsworthy storylines of 2014

By JACOB OWENS
jowens@cecilwhig.com

CECIL COUNTY — On the surface, 2014 may not seem like a particularly memorable year.

After all, it didn't have the natural or man-made county disasters that some recent years had — think Tropical Storm Lee or train derailments.

That isn't to say that 2014 didn't have its share of big headlines. In fact, CecilDaily.com readers logged on more than 2 million times in 2014 and viewed more than 8 million pages. Several storylines began this past year that will continue to shape Cecil County for many years into the future.

With that in mind, let's take a look at the 14 biggest news trends of 2014.

1. Recovery. It's a good sign that recovery ranks so highly on our list after drugs ranked No. 1 in the 2013 list, and there is good reason for it to be so.

In 2014, we saw a renewed interest about and passion for recovery from substance abuse. In the spring, state officials approved new regulations allowing the prescribing of naltrexone, an overdose-reversing drug, to members of the public. County officials quickly

See REVIEW
Page A10

LOCAL

'Anonymous People' director to speak at college June 20

By JACOB OWENS
jowens@cecilwhig.com

THE DIRECTOR of the documentary "The Anonymous People," which explores the lives of people who are addicted to drugs and alcohol, will be speaking at Cecil College on June 20.

The film, which was produced by the director, will be shown at 7 p.m. on the college's main campus.

The film is a powerful look at the lives of people who are struggling with addiction. It is a story that is often told in a way that is both heartbreaking and inspiring.

The film is a powerful look at the lives of people who are struggling with addiction. It is a story that is often told in a way that is both heartbreaking and inspiring.

The film is a powerful look at the lives of people who are struggling with addiction. It is a story that is often told in a way that is both heartbreaking and inspiring.

The film is a powerful look at the lives of people who are struggling with addiction. It is a story that is often told in a way that is both heartbreaking and inspiring.

The film is a powerful look at the lives of people who are struggling with addiction. It is a story that is often told in a way that is both heartbreaking and inspiring.

The film is a powerful look at the lives of people who are struggling with addiction. It is a story that is often told in a way that is both heartbreaking and inspiring.

The film is a powerful look at the lives of people who are struggling with addiction. It is a story that is often told in a way that is both heartbreaking and inspiring.

The film is a powerful look at the lives of people who are struggling with addiction. It is a story that is often told in a way that is both heartbreaking and inspiring.

The film is a powerful look at the lives of people who are struggling with addiction. It is a story that is often told in a way that is both heartbreaking and inspiring.

The film is a powerful look at the lives of people who are struggling with addiction. It is a story that is often told in a way that is both heartbreaking and inspiring.

The film is a powerful look at the lives of people who are struggling with addiction. It is a story that is often told in a way that is both heartbreaking and inspiring.

The film is a powerful look at the lives of people who are struggling with addiction. It is a story that is often told in a way that is both heartbreaking and inspiring.

The film is a powerful look at the lives of people who are struggling with addiction. It is a story that is often told in a way that is both heartbreaking and inspiring.

The film is a powerful look at the lives of people who are struggling with addiction. It is a story that is often told in a way that is both heartbreaking and inspiring.

The film is a powerful look at the lives of people who are struggling with addiction. It is a story that is often told in a way that is both heartbreaking and inspiring.

The film is a powerful look at the lives of people who are struggling with addiction. It is a story that is often told in a way that is both heartbreaking and inspiring.

The film is a powerful look at the lives of people who are struggling with addiction. It is a story that is often told in a way that is both heartbreaking and inspiring.

The film is a powerful look at the lives of people who are struggling with addiction. It is a story that is often told in a way that is both heartbreaking and inspiring.

VOICES OF RECOVERY PATRICK WEBB

After 24 years of recovery, Patrick Webb is a powerful voice for those who are struggling with addiction. He is a man who has lived through the pain of addiction and has found a way to live a life of recovery.

Patrick Webb is a powerful voice for those who are struggling with addiction. He is a man who has lived through the pain of addiction and has found a way to live a life of recovery.

Patrick Webb is a powerful voice for those who are struggling with addiction. He is a man who has lived through the pain of addiction and has found a way to live a life of recovery.

Patrick Webb is a powerful voice for those who are struggling with addiction. He is a man who has lived through the pain of addiction and has found a way to live a life of recovery.

Patrick Webb is a powerful voice for those who are struggling with addiction. He is a man who has lived through the pain of addiction and has found a way to live a life of recovery.

Patrick Webb is a powerful voice for those who are struggling with addiction. He is a man who has lived through the pain of addiction and has found a way to live a life of recovery.

Patrick Webb is a powerful voice for those who are struggling with addiction. He is a man who has lived through the pain of addiction and has found a way to live a life of recovery.

Patrick Webb is a powerful voice for those who are struggling with addiction. He is a man who has lived through the pain of addiction and has found a way to live a life of recovery.

Patrick Webb is a powerful voice for those who are struggling with addiction. He is a man who has lived through the pain of addiction and has found a way to live a life of recovery.

Patrick Webb is a powerful voice for those who are struggling with addiction. He is a man who has lived through the pain of addiction and has found a way to live a life of recovery.

PUBLIC SAFETY

- High Intensity Drug Trafficking Area (HIDTA) Designation
- Additional Funding to Support Public Safety
 - Full-time Lab Analyst, Forensic Sciences Division, MSP
 - State Prosecutor to Handle Drug Cases
 - Drug Court Coordinator
- Cecil County MSPF Coalition
 - Saturation Patrols
 - Compliance checks
 - ID Training for Alcohol Retailers
- Cecil County Sheriff's Office Criminal Intelligence Meetings



Remarks from Sheriff Gary Hofmann to Heroin Task Force * See bottom note

I wanted to give a special thanks to Gov. Larry Hogan as to Lt. Gov. Boyd Rutherford for including me as a participant in this panel.

A little bit about my background, in my third term is Sheriff, appointed to the Maryland state board of victim services, previous president of the Maryland sheriffs Association, currently fourth vice president of the Maryland sheriffs Association, and chairman of the Queen Anne's County's drug task force.

Today we've all come together as a group to address a problem that knows no socioeconomic boundaries nor does it care about one's ethnicity.

If we were to go around the room and asked all law enforcement agencies to share similar information, all the stories would be the same however only the locations and faces would be different.

Several years ago law enforcement agencies across the state took great effort to reduce a problem of opiate abuse that started plaguing our community. We aggressively addressed doctors, pharmacists and the community about prescription drug abuse. We started programs such as drug roundups, education consumers to dispose of medications so they would not end up in the hands of our community. We worked with other healthcare providers and community partners. The message was strong and aggressive and we reduced prescription abuse. Partnerships include are drug-free coalition

we have added tools such as Narcan for police responders

As a law enforcement official one of the main concerns in our community is what happens to a person who has an addiction issue and cannot receive property treatment, or don't know how to to reduce their dependency. We all know the purchasing heroin is a much cheaper alternative than the typical prescription medication available on the street.

All of us in law enforcement have been in the position where we have had that family member come into our office sit down with us and discuss the relative whom is spiraling out of control due to an addiction issue. Often the families are shamed to ask for help or report crimes that have occurred to them.

I recall a very emotional and distraught affluent father who recently came into my office and wanted to talk to me about his son's addiction. He advised me that he discovered that his son after stealing almost \$50,000 from the family. He admitted he denied ever wanting to acknowledge that this was occurring in his family. He advised he has tried intervention with his son, and attempted to get him its treatment. However, he advised that he was unsuccessful in these efforts. He asked me with the options were and I advised that he needed to take the path of criminally charging his son and getting him into the system. He advised me that he didn't want his child to have a criminal record because of his chemical dependency. I looked at the father and advised him that if he didn't take aggressive action quickly his son may forever have a headstone. As hard as this was for me to tell a father this, I've never been in their shoes. But sadly we've all seen the scenes and read the reports of the person found with a heroin overdose, and grieving family members wondering why they didn't intervene sooner either with the treatment or criminal charges

Successfully the father agreed to do the charges and our office arrested the son. I believe our efforts saved this young man's life, as he awaited in the detention center for his court trial.

There is a downside to this; we took a young man who has a heroin addiction and placed him in a population of the criminal element. Some of my colleagues may disagree but I don't believe that ever drug abuser should be incarcerated unless they have committed crimes they need to be held accountable for.

Heroin is driving our thefts from cars, copper thefts, burglaries, and most burglaries are occurring from within the inner circle of the family or friends, they are the victims.

The issue of heroin and opiate addiction stems back in time as far as you care to research, I think it's also incumbent upon our federal partners to assist us with reducing this as its imported into the United States by securing our boundaries.

Heroin trafficking was virtually eliminated in the U.S. during World War II because of the temporary trade disruptions caused by the war. Japan's war with China had cut the normal distribution routes for heroin and the war had generally disrupted the movement of opium, today heroin is back

I think it's important as were demonstrating today that all of the stakeholders take aggressive and firm action against the issue that is claiming so many innocent lives. It's not just claiming the life and causing death it's taking a productive member of society and disabling their life and their families.

The issue of opiates reaches further than just the level of addiction' it creates crime within our communities and causes death. These are the issues that law enforcement is faced with and challenged with on a daily basis. I look forward to sitting here with so many wonderful colleagues and partners so together we can assist our community on reducing, treating and eventually eliminating this opiate and disease.

Thank you for having me on this panel, It is with great honor to speak before you.

**** These are the notes, however due to time constraints; this may have been modified from original content. Sheriff Gary Hofmann Queen Anne's County, Md. 03-28-2015**

Meeting began: 6:05 PM

In attendance:

Linda Williams introduced herself as the Executive Director of Addictions Connections Resource. She requested that all attendees went around and introduced themselves.

- This focus group contained parents of children who are addicted or have passed away from addiction, individuals that are in recovery from addiction and alcoholism or work/have worked in the field of addiction and recovery.
 - There will be three focus groups; the other two will contain treatment providers and the last meeting will be feedback from the recovery community.
- Joe Ryan requested that all attendees fill out a form asking "when, why, how and what" for the Office of Drug Control Policy.

The purpose of the focus group is to identify gaps in treatment and the challenges to obtaining treatment. Linda would like to prepare a report for the Lieutenant Governor as she is on the Heroin Task Force. Linda Williams suggested attending the Harford County Heroin Task Force meetings as she believes they should be announced and available to the public.

- Linda Williams announced that there is going to be a "Center of Excellence", without saying too much about what this center is supposed to be. She encouraged individuals to attend the Harford County Heroin Task Force meetings to formulate their personal opinion and provide feedback.

First Issue: Insurance

- Medicaid can be challenging to get because the income requirement are so low
- Employers shorten employee hours so they don't have to give the employees children
- The Affordable Care Act can be unaffordable and unattainable for many people

Second Issue: Lack of resources

- It cost more to keep an individual in jail than it does to put them into treatment
- Limited options available for treatment in Harford County.
- If they are on parole and probation are they allowed to leave the state?
- Treatment is expensive - insurance doesn't always pay and individuals are not always insured.

Third Issue: Treatment offered

- Lack of standards for treatment centers.
- Length of treatment is too short because learning how to live a life free from drugs and alcohol take time. Treatment should be longer and aftercare should be provided for everyone.
 - Biologically it can take up two years for an individual's brain to be "re-wired" properly.
- Insurance companies need to be held responsible for offering more days in treatment and providing better aftercare.

- People can leave treatment on their own will, but they can't leave the detention center. Ensure that individuals cannot leave treatment.

Fourth Issue: Education for the public

- The public is not educated on how to find a credible treatment center
- Changing the stigma - let your community provide the resources to get the community help and begin acknowledging that
- Understanding that heroin addiction does not occur overnight, that it is typically developed and individuals begin using other drugs and typically work their way up to heroin. How do you identify the signs?
- It is important to educate the public school system. Bring classes into the public school system for the teachers and the students. Allow individuals in recovery to go into the public school system and speak.

Fifth Issue: Education for the providers

- Don't issue prescription drugs so easily as many people begin their addiction by using prescription medications.
- They do require that doctors receive a brief training, but the training is not enough.
- You can't utilize the hospital for resources, as people have been asked to sit in the waiting room while their children were overdosing and sick. Also, a detoxification center is not offered in Bel Air at the hospital, and detox is short, services are limited and aftercare is not followed through with.

Sixth Issue: Legal System

- We need to ensure that the legal system is working together and providing services for individuals going through the legal system so they do not continuously return to probation and the detention centers.
- Ensure that services are being offered in the detention center to individuals that suffer from addiction.
- Judges attitudes toward addiction and recovery need to change.
- Educating individuals in the legal system: judges, lawyers, probation and parole, etc.
- Provide the right funding for probation and parole so they can correctly supervise individuals on probation.
- When someone is in the legal system it can be harder to get them treatment and help - are they able to leave the state to receive treatment.
- Ensure and require that recovery programs are being offered in the detention center.

Complaints:

- There have been so many deaths from Heroin that it is suddenly on the radar so it is suddenly a "political issue".
- Everyone knows heroin is a problem, we don't need a task force that talks about addiction and recovery - we need a task force that takes action.
- We need to change how we deal with addiction - addiction should not be a law enforcement issue unless they are dealing. The solution is not to put them into jail and then release them back onto the street.

- Re-entry is a major problem in the detention center; over half the population in the detention center is addicted. Depending on the inmate it cost \$94/day - \$134/day to provide services to an individual in the detention center.
- We need to require law enforcement and the detention center to offer services to the people who are addicted to prevent re-entry. Use the Health Department to provide treatment to individuals in the treatment center.
- The legalization of marijuana can also present a huge challenge. It is important to study the results of states that have already legalized the drug.
- It is important to not only concentrate on heroin, because if you take away someones ability to receive their drug of choice, they will just find another one.

Action taken:

- Peer Recovery Coaches: They are available over the phone and meet the client where they are at. There are no requirements to receive a peer recovery coach other than someone who suffers from addiction or alcoholism. They do not require them to take any action, they support them to meet their own personal goals if the individual is motivated.
- Providing a class to individuals in the legal system
- Work on getting parole and probation to allow individuals to receive treatment outside of the state.
- The narcan training is being offered to the public and law enforcement officers are administering narcan.

The next meeting will be held May 5, 2015 at 6 PM with treatment providers. Treatment providers will be asked to share what their challenges are in offering treatment.

Meeting ended: 7: 58 PM

Heroin Task Force
Cecil County Summit Elkton, MD
3/17/15

Hello my name is Charlotte Meck

I am a lifelong resident of Cecil County, I have raised two children and I love my home area.

Professionally, I am a Registered Nurse, certified in addictions and former Director of Emergency Services at Upper Chesapeake Health and now the Director of Nursing, Quality Improvement and Corporate Compliance at Father Martin's Ashley addiction treatment center in Havre de Grace, MD. I have been a nurse for 44 years spending the last 14 years working in a Joint Commission- accredited, nonprofit intensive in patient addiction treatment center. It is in the capacity of both my professional and personal experiences that I speak to you today. Not only have I worked with addictions but have been touched personally by addiction.

We are here to address the heroin addiction and overdose epidemic in our state.

Types of patients:

What we are seeing at Father Martin's Ashley, which has been in business for over 32 years, has 85 beds and treats approximately 1200 patients annually, is a significant increase in the number of patients being admitted addicted to heroin as well as other opiates. Actually over 1/3 of our admissions are due to opiate addiction. Many of our patients are young, age 18-25 and began using drugs at a very early age, many at age 12 or even younger. Some have struggled through some horrid experiences as a result of their drug use.

As part of our intake we gather information as to when and how they began their drug use. It is not unusual to hear that they and a friend or two took medications from their parent's medicine cabinet or shared drugs brought to school or to a party, having no idea what they were taking. Most never thought those pills would lead to heroin use. In addition many who use heroin never thought they would ever inject the drug only to find they did within a short period of time.

The human brain does not reach full maturity until at least the mid-20s; therefore it is essential we do whatever we possibly can to keep this drug as well as others out of their young hands. For a drug dealer these young adults are easy targets, creating customers for life (although the life of a heroin addict is not usually very long, research states 15-20 years after drug abuse begins). Providing these young adults complete treatment, embrace their continuing care plan which usually involves transitional living arrangements or minimally intensive outpatient treatment they can be on their way to recovery. The more treatment and structure they receive allows the brain to continue to heal.

We are seeing people from all walks of life seeking treatment for heroin addiction, it is very true that drug addiction has no prejudice; it affects the very affluent as well as the homeless.

Other types of patients we see are those who enter our Chronic Pain Recovery Program. Many of them have been on opiates for many years. A recent example is a patient who I will call Bill (not his real name). Bill was a 62 year old Caucasian male, who had worked a lifetime as a commercial fisherman here in Maryland. He experienced severe low back, hip and knee pain from working on his boat. His doctor prescribed opiates for the pain which he initially took sporadically. Overtime, as the pain grew worse and his tolerance to the opiates grew he began using the medication daily. He continued to increase his doses, his doctor added more opiates, and He began to overuse his medications running out of them early. He again sought help from his physician who said he could no longer prescribe for hi. He received no referral for treatment of his drug dependence. This led to an acquaintance introducing him to heroin. He had no previous substance abuse history and had never used any illicit drug. Once he began using heroin he found it to be much less expensive and more readily available than his previous prescriptions. His heroin addiction grew. He presented for treatment because his wife found out about his use. Once detoxed from the heroin and off all opiates, with counseling, physical therapy, acupuncture, massage and individualized treatment he found his pain level had diminished to a level of 1 or 2 on a scale of 1-10. He made plans to continue working as a fisherman but not go out on rough waters. He learned to balance his life to decrease/manage his pain. He reported decreased pain, improved mood and increased function at the time of discharge. Bill never imagined he would become addicted to heroin, but the step from prescribed opiates to heroin was a short one.

Bill's story is not unique as we see this type of patient very frequently.

Challenges we are seeing:

- Patients who need inpatient treatment, and there are many, are denied care based on criteria requiring they have a medical or psychiatric condition. This is especially challenging with the young adult population who need intensive inpatient treatment
- Some patients are not motivated for treatment but their family is. Helping families try to help patients is very labor intensive. Many do not have the finances to consider professional intervention
- Many families are not equipped to make the necessary changes to stop enabling behaviors

How we as a state can effect change:

The first step is prevention through raising awareness (which has already begun)

Early education of our children, beginning in elementary school regarding making good choices
Investigate a program such as Pennsylvania's Act 106 of 1989 (certification by a physician for inpatient treatment)

Education for family members and significant others

Naloxone availability in all schools and for families of opiate addicts

Mandatory addiction and opiate risk education for all prescribers in the state

Mandate all controlled drug prescriptions be sent electronically (until phased in require all prescription pads be locked)

Prescriptions for very small amounts of narcotics for acute pain (not 120 pills)

Physicians need to refer to a reputable treatment program if they have a non-compliant patient for whom they will no longer prescribe. Let's make sure no one is forced to turn to heroin for relief.

Physician should be notified if a prescription they prescribe is involved in an arrest or overdose death.

Discard unused medications, have multiple take back sites (getting the medications out of the household) 70% of those who first abuse prescription drugs get them from a friend or family member

Require that all those seeking to provide addiction treatment in Maryland be Joint Commission accredited to assure best practices are followed

Create drug free zones around drug and alcohol treatment facilities with stiff penalties for the sale of a controlled substance

We at Father Martin's Ashley know education works; that treatment is effective and that people and their families get well. This is evidenced by outcome studies, feedback from transitional living and half way house facilities, over 30,000 alumni, the numerous letters we receive and the attendance at our annual reunion.

Father Martin's Ashley looks forward to working with the Hogan Administration and will continue to assist the Cecil County Drug Task Force with their initiatives.

MEMORANDUM

To: Heroin and Opioid Emergency Task Force

From: Dawn M. Rodenbaugh, Program Administrator
Neighborhood Youth Panel

Date: March 17, 2015

Subject: Support for Neighborhood Youth Panel Juvenile Diversion Program

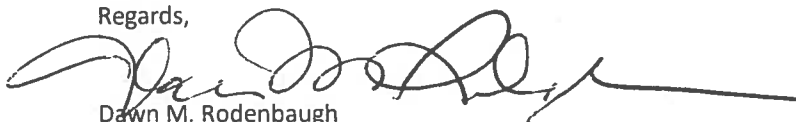
Task Force Members,

Thank you for the opportunity to address the group today in this important initiative in Cecil County. Some highlights of the Neighborhood Youth Panel (NYP) program:

- NYP is a community-based juvenile diversion program in existence in Cecil County since 2000
- The NYP program keeps juvenile offenders out of the system by having adult role models from the community mentor youth and assign appropriate sanctions
- With three paid staff, more than twenty adult volunteers and 20 community partner organizations, the NYP is offered to youth throughout Cecil County
- Youth exhibit 85 to 90% non-recidivism at 18 months after completion of program
- About 120 youth per year complete the program
- 20% of referrals received in the last 24 months have been for CDS possession, 15% for alcohol
- NYP works with CCHD and the task forces established in Cecil County to offer early intervention services to youths charged with offenses involving drugs and alcohol
- NYP offers drug and alcohol education classes exclusively for program participants that feature a recovering addict and former counselor from Father Martin's Ashley
- Largest grant from GOCCP is in jeopardy, as federal Juvenile Accountability Block Grant funding has been discontinued
- State support of funding is critical

We appreciate your consideration of the NYP program and other worthwhile programs that target prevention and early intervention for Cecil County youth. Any support the committee can give with regard to continued funding would be especially appreciated.

Regards,



Dawn M. Rodenbaugh
Program Administrator

NEIGHBORHOOD YOUTH PANEL
REVENUE/FUNDING -FY15

Account Title	FY2015 Current Year Adopted
Governor's Office for Crime Control and Prevention (GOCCP)	52,850
Cecil County	0
Cecil Human Services Agency (the LMB)	5,883
MD Department of Juvenile Svcs. (DJS)	15,140
Video Lottery Terminal Grant (VLT)	7,696
Port Deposit VFW	2,500
Town Support (NE, Elk, RS)	0
TOTAL	84,069

Dear Heroin & Opioid Drug Task Force,

Thank you for bringing the first Summit to Cecil County. All counties in the State are in the wake of a horrible epidemic. I was able to speak to you for 3 minutes that day on behalf of Voices of Hope for Cecil County, a community organization of recovering people, their families and supporters. I am following up with this email to further explain our needs and also to ask that a person with lived recovery experience be included on the Task Force.

I am a Cecil County mother, wife, employee in long term recovery – which means to me that I have not used alcohol, drugs or a medication to treat addiction in over 25 years. I am also a Peer Community Coordinator with ValueOptions – Maryland. My recovery began through an early intervention in the public school system and the resulting addiction treatment through the Cecil County Health Department and A.F. Whitsitt Center in Chestertown, MD. My recovery is sustained through support of 12 step fellowships and our Cecil community. To the extent active addiction affects many other areas of our society, recovery have a positive effect on the whole community. One positive reaction is the formation of recovery organizations like Voices of Hope that have recognized the need to step out of Anonymity to teach the public about the benefits that treatment and recovery support has had on our lives and the lives of our families and neighbors.

The Cecil County 2013 Substance Abuse Report (<http://wrangler.websitewelcome.com/~hdadmin/1221/wp-content/uploads/2013/08/Cecil-County-Substance-Abuse-Assessment-Report-FINAL.pdf>) describes in detail about the struggles we face. In 2011, our County had the most overdose deaths, suicides and child abuse cases in the State, surprisingly worse than Baltimore City. A case can be made that these ills are related. As part of the response, the State and County Council began to fund Recovery Support Services through grants. The services these grants provide bridge the gap between treatment and the recovering community by utilizing members in recovery to help others navigate to resources and supports that currently exist. In our County, Recovery Support Services have resulted in the Peer Recovery Advocate program at Union Hospital (winning 2 awards for outstanding service), an increased recovery presence in the local jail and throughout the homeless population by linking suffering addicts and their families with treatment options and recovery support right here in our community. These funds have encouraged the recovery community to come together and form advocacy organizations such as Voices of Hope (recovering people) and C.A.R.E. (Cecil Advocates for Recovery Education – focusing on family & children group). The positive effects of Recovery Support Services funding goes a long way.

Voices of Hope for Cecil County's mission is to advocate for recovery resources in Cecil County, to reduce the stigma of addiction and recovery through education and to mentor others who seek recovery. Our 3 top advocacy issues are an in-county detox center, a recovery community center and legislation that will allow us to form a needle exchange program as an outreach effort:

- Our #1 issue is advocating for an In-County detoxification center. Currently, there are no inpatient or outpatient detox services available to any consumer in Cecil County. Detox is a crucial treatment option for many seeking help for their addiction. It is a treatment that works best when an addict seeks relief from the commanding withdrawal of a substance, usually while they are in the process of withdrawal. Without detox being readily available, an addict is forced to continue their drug use by any means necessary or try to make an appointment with an opioid treatment center to receive opioid replacement medication such as methadone or suboxone. Unfortunately, in Cecil County, our 2 medication centers have an overwhelming case load and only take in new clients one or two days a week – not when needed. To sign up for detox at the Whitsitt Center through the Health Department is also a wait. All of these appointments, for detox or maintenance, can be days or up to 6 weeks away. It can be a desperate state for an addict who wants to stop and needs help. This desperation can result in crimes committed to get the drug, child neglect and/or abuse while trying to get the drug, overdose trying to take multiple medications to get well or suicide, out of total resignation. Unfortunately, the only solid

detox Cecil County has is the one you go through when in the Cecil County Detention Center after getting locked up. In the last year, 4 organizations have announced that they would like to serve Cecil County with detox services: the Recovery Centers of America, Offices of Dr. Katz, Union Hospital and Offices of Dr. Aslam. All of these organizations need help and support to wade through the regulations and policies to make it easier to set up their businesses in our County. Can State and County officials and possibly the Chamber of Commerce make a committee that helps these organizations to get established?? How can we encourage this? Cecil County has the demand, we need the supply.

- Baltimore City currently has over 4 Recovery Community Centers in their region that offer support to those in recovery or seeking help and supports. Some of these facilities are open 24 hours, including weekends and holidays. We would be thrilled to have just one location for our County— we can hire Peers or use community volunteers to staff the location. Having a Recovery Community Center can divert many from hospitals and jails and offer a place where many small organizations can join resources to help the many.
- Due to current laws, only Baltimore City and Prince George's County have been allowed to have needle exchange programs operate in their jurisdictions. Voices of Hope members testified in Annapolis a few weeks ago to advocate for a program in our County. This program would be a vehicle to reach out to active addicts and their families about treatment programs, support services and offer health interventions. Please support laws that allow these programs to operate throughout the State.

We have such limited recovery resources and community supports in Cecil County and it will take a holistic approach to heal us and promote wellness for our children. 80% of all the State's treatment programs are located in Baltimore City. We need to have treatment and recovery supports here for our people. There is a saying that you can take a dying tree out of a dying forest and move it to where it will get clean water and rich fertilizer to heal it back to a vibrant state. But when you move that healthy tree back to the sick forest it cannot stay well on its own. We need to stop sending our sick people to Chestertown or Baltimore City to get well just to come back to the sick Cecil County community. We don't want to send mothers and fathers away from their families just to get well, and risk their recovery by coming back. We need to bring the treatment and supports to our County. We have many ideas on how to help our County heal from the throes of addiction and the devastation it has wrecked in our rural community. We know we cannot rely on government to provide all of the solutions. However, we can ask that the State invest in programs that help the community to help itself.

Finally, I encourage you to consider inviting a Peer, or person with lived recovery experience, to join the Task Force. It just makes sense to have someone who is representing the recovery community and it's current systems in your discussions. The 12 step fellowships, religious organizations (such as Celebrate Recovery, CRAVE, etc.) and medicated assisted recovery participants make up families, employees, employers and creative citizens of Maryland. You would be **publicly reducing the stigma of addiction** by having a person in recovery wear that representation in the Task Force. I hope you would consider me as a candidate for that position. I will also email you with other candidates to consider, at your request. We do recover, we get well, we can heal as a State.

Thank you for your attention and consideration,

Jennifer Tuerke

79 Philipe Lane North East, MD 21901

443-309-6457

Who is in Control of the DAAC's?

**Cecil County
Drug and Alcohol Abuse Council**

Substance Abuse

Despite increased funding for substance abuse in Cecil County, we continue to have one of the highest overdose, crime, child maltreatment, and suicide rates in the State of Maryland most of which is related to substance abuse.

Drug and Alcohol Abuse Council

(DAAC)

To address escalating substance abuse throughout the State of Maryland, the General Assembly passed Senate Bill 194 in 2004 which was later codified into Health General Article 8-1001 mandating each County establish their own Drug and Alcohol Abuse Council with strict requirements for funding, reviewing and voting on their county's substance abuse treatment programs.

Local DAAC's Address Local Issues

The Health General Article 8-1001 of the Maryland Annotated Code was intended to provide effective substance abuse treatment in order to reduce the recidivism rate for incarceration. The stakeholders throughout county government and the community dealing with this issue were provided a seat at the table to discuss, deliberate and vote on the programs needed for their county.

Requirements of Legislation

Requirements of Health General Article 8-1001 include:

- Every 2 years a local plan shall be submitted to the Governor and a report on its progress in implementing the plan submitted to the Alcohol and Drug Abuse Administration (ADAA) every six months.
 - “A local plan shall include the plans, strategies, and priorities of the county for meeting the identified needs of the general public and the criminal justice system for alcohol and drug abuse evaluation, prevention and treatment services and be in a format as prescribed by the administration (ADAA).”
-

Executive Order 01.01.2008.08

The Maryland State Drug and Alcohol Abuse Council requires the State Council to prepare a State Plan . . . in coordination with strategies and priorities identified in the Plans established by the local drug and alcohol abuse councils.

- Inform the legislature regarding type and amount of unfunded needs.
 - Funding requests to match needs identified in strategic plan.
-

Requirement to Disclose Survey of Local Resources

Sub-title 10 Health General Article of the Annotated Code also requires:

- “The Plan shall include a survey of all federal, State, local, and private funds used in the county for alcohol and drug abuse evaluation, prevention, and treatment;
 - and be in a format as prescribed by the Administration.
- Format for matrix includes name of entity, program, function (consistent with definitions), target population, category (Prevention, Intervention or Treatment), funding source, and the amount.
-

Requirements of Health General Article 8-1001 not followed in Cecil County

Chairman of the Cecil County DAAC, Secretary of the DAAC, and the Director of the Cecil County Health Department repeatedly claimed the DAAC was only advisory. For at least four years the DAAC:

- Did not review treatment programs
 - Did not discuss grant applications or funding
 - Did not discuss the application for new drug abuse evaluation, prevention, or treatment services
 - Did not review progress reports
 - Did not update the Strategic Plan
-

Matrix of Cecil County Resources Incomplete

In the last four years, the total amount of funding is not provided for many programs listed in the matrix and instead states either pending or undetermined. The data should be available for FY12 in 2015. The State DAAC and the ADAA did not enforce the Health General Article 8-1001 requirements to provide this data. I have requested this information and have only been referred to the resource matrix for 2012-2014 which is posted on the State DHMH Local Drug and Alcohol Abuse Council web page.

The Truth Revealed

Because Chairman Bennett and Secretary Collins wouldn't provide the bylaws for the DAAC, I requested through the State DHMH Representative, Laura Burns-Heffner in January of 2014. She told Secretary Ken Collins to provide and suddenly they are located. The bylaws revealed strict guidelines were not being followed and that the DAAC was responsible for discussing, reviewing, scrutinizing, and voting on funding measures related to substance abuse. Due to the actions of Chairman Bennett and Secretary Collins, I along with citizens who wanted to discuss proposed changes were denied the opportunity in Cecil County treatment programs.

Not the Official Bylaws

Director Garrity claims that the bylaws provided by Secretary Collins were “never officially adopted” because they couldn’t find a record in the minutes. She ignores that Health General Article 8-1001 required in section 13 (e) (1) that each DAAC shall “Determine its own governing structure, including issues relating to appointment of a member to serve as chairman; and (3) Submit a summary report to the Governor or the Governor’s designee on or before December 1, 2004, on its membership, organization, rules, progress in developing a plan, and compliance with this section.” Also, I found the 2006 Progress Report that refers to the adopted bylaws. (see underlined)

My Efforts

I was appointed to the DAAC by the Board of Cecil County Commissioners. I organized 10 drug awareness forums across the County, pursued the High Intensity Drug Trafficking Designation which Cecil County did attain in 2013, and scheduled the Heroin Hurts Program to be presented in many Cecil County Public Schools. I later discovered Senate Bill 194 and Health General Article 8-1001 on the State DHMH website along with their slide show presentation on how Drug and Alcohol Abuse Councils are supposed to operate. Once I revealed the truth, I was removed from the DAAC by the Cecil County Council. They claimed I was devisive.

Removal from DAAC

Once I discovered the bylaws, the President of the Cecil County Council canceled the meeting "to avoid a riot". Then they voted to remove me from the DAAC because my revelations were divisive. This link provides the audio of the meeting at 27 minutes. At the next DAAC Meeting County Ex. Moore finally acknowledged she is responsible for the oversight of this Council and that the DAAC was not operating as intended by law.

The Governor's Roundtable Provides Insight

Cecil County department leaders testifying at the Governor's Roundtable on August 9, 2013 revealed that Cecil County's addiction problem significantly escalated when a six week waiting list was created after half of the treatment beds were removed from the nearby Whittsit Facility. Despite millions of dollars invested in expansion in 2010 due to a large demand for service, the Governor decided to reduce access to treatment in 2012. In the Cecil County DHMH Smart System, the demand for service is for detox and intensive inpatient therapy. The beginning of recovery starts with detox. Why wasn't expanding the treatment beds a priority in the DAAC Two Year Strategic Plan?

Referrals by the Health Department

For those requesting detox, the Health Department referred many to the methadone clinic for maintenance therapy until an opening became available for detox. Concerned that the public should have other options, I requested that the Health Department update their resource list. Later, I and other concerned citizens compiled the list and waited close to a year before they finally posted it on the Cecil County Health Department Website. Even today, the resource list is not readily accessible to those desperately looking for drug treatment options.

Where are the Performance Measures for Opioid Treatment?

Many citizens complained about the lack of treatment options in Cecil County and that methadone treatment was not effective. Complaints included that they offered no counseling and there was not enough oversight to monitor patients who continued to abuse opiates with the methadone. I requested the performance measures from the State for proof that methadone treatment was effective. Debbie Green, Director of Treatment and Recovery Services for DHMH, assured me they would provide but after waiting 6 months I called Donald Hall, Division Director of Quality Assurance. He told me that the performance measures had not been collected for over 3 years because the private treatment facilities said it was too expensive to monitor and collect.

Opiate Dependent v. Opiate Addicted?

On October 8, 2013, Yngvild Olsen presented before the Cecil County Council explaining why methadone and buprenorphine are effective for substance abuse treatment. Here is the full audio. Instead of the State providing the requested proof that methadone maintenance treatment programs are effective, they bring in Ms. Olsen. On January 28, 2015 DHMH again invited Ms. Olsen to speak before the HGO Committee. She explained the difference between “opiate addicted” and “opiate dependent”. You are “addicted” if you rob, steal, commit crimes. You are only “dependent” if you experience tolerance (needing higher doses to reach a state of normal) and withdrawal symptoms when you stop taking opiates. She claimed opiate dependence is not something to worry about, while opiate addiction is. She never shared that she was the wife of Joshua Sharfstein, Secretary of DHMH.

Pattern of Behavior from Chairman Bennett and Secretary Collins

Since participating on the DAAC four years ago, there has been constant obstruction, deception and lack of support from Chairman Bennett and Secretary Collins. There was a big demand for support homes in Cecil County and Patricia Jones requested assistance from the Chairman and Secretary to open Dexter House. They did nothing to help and instead she received this email from Bennett. Once Patricia was able to start taking clients for the support home, she discovered that Secretary Collins moved the housing money and she had to get the Governor's office to intervene. When I tried to get the treatment beds restored at Whitsitt, Chairman Bennett sent an email stating we shouldn't pursue it because it would hurt the "goodwill" established at the Governor's Roundtable.

More Deception

John Bennett has claimed the DAAC is only advisory and can not vote. However, he also claimed in a letter to the editor that the DAAC reviewed and approved the initiatives by the County Executive. The initiatives were not reviewed or voted on. Even more disturbing is that Mr. Bennett said he only needed the approval of the Cecil County Health Department to submit the editorial when he should have requested the DAAC's permission. He also took it upon himself as Chair of the DAAC to send emails to many organizations stating the DAAC reviewed and approved the County Executive's initiatives and requested they send in letters of support. At the Community Health Advisory Committee Meeting, Chairman Bennett and Secretary Collins were required to report on the DAAC's initiatives. Once again they claimed the DAAC voted and supported the County Executive's initiatives. On one hand they claim the DAAC is only advisory, yet they claim the DAAC voted when they didn't.

Citizens not Encouraged to Attend DAAC Meetings

At the ten forums I held throughout the County, I collected email addresses from at least 50 concerned citizens who were interested in attending DAAC Meetings. Secretary Collins said he would add the emails to the DAAC meeting list but later removed them. The meetings were scheduled for 3 o'clock, too early for many to attend. The meetings were also scheduled once every 3 months and much of the agenda consisted of updates from each department. Once the leadership of the DAAC acknowledged that it was not operating legally, new bylaws were drafted because they still claimed the 2005 bylaws not adopted. Review from the public was not permitted. Chairman Bennett claimed that the meeting would not be open to the public (at the previous meeting) which he later changed. However, the regular attendees were not notified by email as they were before.

Take Responsibility

Many speculate that the deception is intentional for the purpose of hijacking treatment money. Regardless, if Chairman John Bennett, Secretary Kenneth Collins, Director Stephanie Garrity, the County Executive and the County Council are totally ignorant of the fact that DAAC's are required to follow Health General Article 8-1001, they should all resign. But I believe they were aware of the law because Secretary Collins was continuing to submit all of the required reports and data - minus the votes and participation of the DAAC. Because the Council was not able to operate as intended by law and Secretary Collins and Chairman Bennett have exclusively been submitting the funding requests, grants, six month reports and updates to the 2 year plan, when are they going to take responsibility for Cecil County having one of the highest overdose, crime, child maltreatment and suicide rates in the State?

Substance Abuse: How Have Conditions Improved in Cecil County?

(Parts of the solution; events, initiatives and observations.)

Prevention/Early Intervention	Treatment	Recovery	Public Safety
<ul style="list-style-type: none"> Establishment of Mayor's Drug Task Force to elevate communication among municipal leaders on substance abuse concerns. [September 2013] Department of Emergency Services received emergency approval to allow Cecil County EMTs to administer naloxone. EMTs begin using naloxone nine months ahead of the rest of Maryland. [October 2013] Drug Free Communities Coalition organized by Local Management Board, prepares to apply for federal prevention funding. [October 2013] Cecil County Health Department (CCHD) awarded \$11,278 supplemental funding to expand overdose prevention. [January 2014] CCHD hired a full-time Overdose Coordinator to assist in the design, planning, promotion, and 	<ul style="list-style-type: none"> Increased community awareness of treatment resources as evidence by (AEB) significant attendance at 3rd annual 5K/Twelve-Step Recovery Walk. [September 2013] Increased community awareness of treatment resource AEB recognition of CCHD Pet Assisted Addiction Therapy program published in Cecil Whig. [September 2013] Increased community knowledge for medication assisted treatment AEB presentation to County Council by addiction professionals. [October 2013] Elevated clinical guidance for prescribers on responsible opioid prescribing practices AEB in-service training at Union Hospital. [November 2013] Treatment on Demand implemented at Alcohol and Drug Recovery Center/CCHD. (Immediate access to community based services.) 	<ul style="list-style-type: none"> First Cecil County screening of "The Anonymous People," on November 14, 2013, with facilitated discussion by County Executive Tari Moore. The feature documentary film highlights the over 23 million Americans living in long-term recovery from alcohol and other drug addiction. Subsequent discussions and screenings scheduled in all eight towns in Cecil County, starting in Charlestown on February 19, 2014, and concluding in Rising Sun on May 28, 2014. The film and facilitated discussion helped to elevate visibility of recovery, decrease the related negative stigma, and focus the addiction conversation from problems to solutions. Estimated combined attendance for all events exceeded 1,000. Charlotte House, a sober-living home for up to eight women, opened in North East. Charlotte House is second recovery house in Cecil County. [December 2013] "Voices of Hope for Cecil County" established to promote 	<ul style="list-style-type: none"> Cecil County received a High Intensity Drug Trafficking Area (HIDTA) designation. Based on the designation, Cecil County may be eligible to obtain additional funding for enforcement, intelligence, and information-sharing initiatives, as well as drug use prevention and drug treatment projects. [November 2013] Funding awarded to support hiring of one additional full-time lab analyst within the Forensic Sciences Division of the Maryland State Police. The analyst will be dedicated to testing controlled dangerous substances collected in Cecil County. [July 2014] County Government approved funding for the state's attorney's office to hire an additional prosecutor to handle drug cases. [July 2014]

Prevention/Early Intervention	Treatment	Recovery Support	Public Safety
<p>implementation of County's overdose prevention plan. [January 2014]</p> <ul style="list-style-type: none"> First meeting of the Local Overdose Fatality Review Team (LOFRT). Utilizing a multi-disciplinary approach, the LOFRT investigates intoxication deaths within Cecil County in order to determine ways to potentially reduce the overdose rate. [February 2014] Community overdose prevention education initiated with presentations by Haven House, Serenity Health and CCHD. Forums were entitled: "A Conversation about Overdose Prevention" and "Overdose Prevention & Public Information." [February 2014] Cecil County's first permanent 24/7 drug take back box established by Elkton Mayor Fisona and Police Chief Donnelly. The fixed drop-box provides a safe, convenient and 	<p>[December 2013.] This effort was recognized by DHMH with an "Award for Innovation" to CCHD staff. [May 2014]</p> <ul style="list-style-type: none"> Increased community awareness of treatment resources via distribution of updated "Are You Concerned about Someone's Alcohol or Drug Use?" brochure. [January 2014] Peer Recovery Advocates (PRA) successfully placed within Union Hospital multi-disciplinary meetings. (This initiative helped expand connections to patients' bed-side throughout the hospital.) [January 2014] Expanded availability and reach of PRA to multiple divisions, and every floor of Union Hospital. [February 2014] Union Hospital implemented universal "substance abuse" questions/screening of emergency room patients. (Screening process supports referral of identified patient to PRAs and substance abuse treatment.) [February 2014] 	<p>recovery in Cecil County. The group began as an alumni group for CCHD substance abuse patients and quickly grew into a vehicle for those in recovery throughout Cecil County. "Voices..." advocate for addiction treatment and recovery, and provides mentoring to recovering youth. [January 2014]</p> <ul style="list-style-type: none"> Cecil County leading/helping other jurisdictions as evidenced by (AEB) meeting with Harford Memorial Hospital's Behavioral Health Unit. The Unit requested to meet with representatives from CCHD and Union Hospital to learn about Cecil's program as guide for developing a hospital based PRA program in Harford County. [January 2014] Three Union Hospital dedicated screenings of "The Anonymous People" for hospital employees. Film and related discussion increased understanding of and sensitivity to addiction. [April 2014] Multiple screenings of "The Anonymous People" for Cecil County Detention Center staff 	<ul style="list-style-type: none"> County Government approved funding for the Sheriff's office to hire one additional deputy to support the Drug Task Force. [July 2014] County Government approved funding to support the Cecil County Drug Court operations, (Drug Court Coordinator). [July 2014] County officials explored additional technology/strategies to address crime. In July 2014, Cecil County Sheriff Barry Janney visited New Castle County Police Department to learn about the department's Tactical Analytic Policing System, (TAPS). The TAPS program addresses quality-of-life complaints in order to deter future criminal incidents, and was credited with an overall 17% decrease of crime in New Castle County. [July 2014] Cecil County Sheriff's Office added three new K-9 units for Cecil County Law

Prevention/Early Intervention	Treatment	Recovery Support	Public Safety
<ul style="list-style-type: none"> anonymous opportunity to dispose of unused and expired medications. [March 2014] The Cecil County-Maryland Strategic Prevention Framework (MSPF) Coalition organized discussions with sixty licensees on how to reduce sales of alcohol to underage youth. [March 2014] Drug Free Communities Coalition application for prevention funding submitted to federal Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA). [April 2014] Expanded success of multiple Drug Take Back events. Significant disposal of unused and expired prescription drugs reported. [April 26, 2014] CCHD awarded \$27,363 supplemental funding to expand overdose prevention (including funds for 	<ul style="list-style-type: none"> CCHD hospital based PRA program recognized with Harland Graef Quality Award from Union Hospital. Project identified as an effective, collaborative and creative response to one of Cecil's top health priorities. [April 2014] County Government approved funding to expand treatment resources in the Cecil County Detention Center. [July 2014] The Health Department's purchase of care program facilitated access to detoxification services for individuals who were uninsured or underinsured. During FY14, the program purchased 288 days of inpatient detoxification for 48 clients. [July 2014] During the fall of 2013, Affiliated Santé Group Eastern Shore Mobile Crisis Services expanded staff and services within Cecil County. Affiliated Santé provided 348 mobile crisis dispatches within Cecil County during FY 2014, an increase of 490% above the 71 dispatches provided during FY 2013. The expansion was 	<p>and detainees. [April 2014]</p> <ul style="list-style-type: none"> Cecil County Government awarded funding to CCHD expand PRA program. [July 2014] The Monarch House, Cecil County's third recovery house, opened in North East. The program provides sober living support with capacity for eight men. [August 2014] Members of the Voices of Hope for Cecil County and concerned citizens recognized International Overdose Awareness Day with an Overdose vigil. The vigil acknowledged the grief felt by families and friends remembering those who have met with death or permanent injury as a result of drug overdose. International Overdose Awareness Day is a global event that spreads the message that the tragedy of overdose death is preventable. [August 31, 2014] Dexter II House, Cecil County's fourth recovery house, opened in North East. The program provides sober living support 	<p>Enforcement, (one German Shepherd/Belgian mix, one Malinois Shepherd, and one Dutch Shepherd). With the addition, the County has five total K-9 units. [July 2014]</p> <ul style="list-style-type: none"> The Cecil County MSPF Coalition provided funding for increased law enforcement actions. The funding supported 49 saturation patrols by local police, during which 14 underage drinking citations were issued in addition to several hundred traffic stops that resulted in additional citations, safety equipment repair orders, and warnings. [July 2014] The Cecil County MSPF Coalition helped increase alcohol compliance checks by 100%. During FY2014, 137 compliance checks were conducted with MSPF support. Twenty-one establishments were cited for selling alcohol to minors. [July 2014]

Prevention/Early Intervention	Treatment	Recovery Support	Public Safety
<ul style="list-style-type: none"> • naloxone distribution to all police departments in Cecil County). [May 2014] • CCHD begins overdose response training and distribution of naloxone (Narcan) to community. [May 2014] • Additional public awareness information on overdose prevention distributed to community. Posters and pamphlets included "Take Action... Be a Hero, Save a Life" campaign. [May 2014] • Increased substance abuse awareness within business community as evidenced by (AEB) CCHD presentation to Cecil County Chamber of Commerce. Presentation encouraged employers to hire individuals in early recovery, and emphasized that employment is a great predictor for treatment success. Presentation was the first in Chamber's history to focus on substance abuse. [May 2014] 	<p>facilitated with funding from Cecil County government. Of the 348 dispatches, 30% involved individuals with co-occurring or substance use only related issues.</p> <ul style="list-style-type: none"> • Potential expansion of resources with announcement that Recovery Centers of America (RCA) plans to convert the former MBNA corporate retreat, known as Bracebridge Hall in Earleville, into a 50-bed detoxification and short term residential program. [September 2014] • Increased community awareness of recovery and treatment resources AEB significant attendance at 4th annual 5K/Twelve-Step Recovery Walk. More than 30 vendors and 400 community members. [September 2014] 	<p>with capacity for eight men. [September 2014]</p> <ul style="list-style-type: none"> • Pastor Phil Meekins announced efforts to expand "Celebrate Recovery" support. The support group meetings are held in North East. [September 2014] • Additional resources for families with a resource introduction by STEPS, a non-profit program started by April Foster and Carrie Miller. STEPS strives to reduce the negative stigma associated with addiction and recovery, and provides addiction related support and education for the family. [September 2014] • Resources for families were also promoted by "The Addict's Mom," which offers internet-based support. Members of the web enabled resource have access to free educational and inspiration opportunities, on-line chat with members, and links to treatment resources. Throughout the United States and 52 other countries, more than 20,000 members are enrolled. [September 2014] 	<ul style="list-style-type: none"> • The Cecil County MSPF Coalition provided funding for four fraudulent ID trainings. The MSPF Coalition grant enabled a policy change to include mandatory attendance for liquor sales clerks who are cited (as a first time offender) for selling alcohol to minors. [July 2014] • Crime rate decreased by 15% during 2013, credited to the Governor's Office on Crime Control and Prevention-sponsored Safe Streets initiative, expanded Drug Task Force investigations and increased collaboration of all law enforcement agencies. [August 2014] • Cecil County Sheriff's Office initiates weekly Criminal Intelligence meetings. Law enforcement from the Sheriff's Office and allied agencies discuss current crime trends in Cecil County. Modeled after the New Castle County TAP program, the

Prevention/Early Intervention	Treatment	Recovery Support	Public Safety
<ul style="list-style-type: none"> • Focused on reducing adolescent alcohol use, the Cecil County MSPF Coalition invited youth to participate in a contest to develop billboards with universal prevention messages. Over two-dozen submissions were received, and two winners were selected. Winning billboards were placed on Route 213 in Cecilton, and on Bridge Street in Elkton. [June 2014] • Increased community awareness regarding substance abuse AEB promotion of information at the MACo Substance Abuse Summit hosted by Cecil County. [June 12, 2014] • Neighborhood Youth Panel for first time offenders received additional funding. [July 2014] • County Government approved funding to initiate an early intervention program for first time offenders. [July 2014] 	<ul style="list-style-type: none"> • Cecil Whig front page feature of Dr. Paul Katz entitled "Cecilton Doctor Offers Addiction Help." Newspapers story helped to increase community awareness of treatment resources, including medication assisted treatment. [October 2014] • At the Maryland Tobacco Resource Center's Annual Best Practices Conference, CCHD's Alcohol and Drug Recovery Center received "Certificate of Recognition" for outstanding record of engaging substance abuse patients in MDQuit's nicotine cessation services. [January 2015] • Health Department staff met with physicians/obstetricians at Union Hospital to promote screening for substance abuse and respective referrals for substance abuse assessments and treatment. [January 2015] • During the first six months of FY15, Affiliated Santé Group Eastern Shore Mobile Crisis Services provided 239 mobile crisis dispatches within Cecil County. During the same time 	<ul style="list-style-type: none"> • Cecil County's first "Celebrate Recovery Picnic" was hosted by Haven House. During the event, the September Recovery Month proclamation was presented by County Executive Tari Moore and County Council Vice President Alan McCarthy. [September 2014] • "Anti-Stigma Project" presentation and discussion at CCHD evidences continued efforts to reduce negative stigma within mental health and addiction recovery communities. [September 26, 2014] • The Cecil Whig announced a partnership with CCHD to launch Voices of Recovery, a new weekly series of stories about recovery from addiction. Inspired by the recent promotion of the film "The Anonymous People." One person with long-term sobriety featured each week to try to break stigmas about substance abuse, and inspire individuals with substance use disorders to seek recovery. [October 10, 2014] 	<p>analysis and discussions help identify where law enforcement resources are most needed. [August 2014]</p> <ul style="list-style-type: none"> • Sheriff Adams added overdose tracking to the weekly Criminal Intelligence meetings. [December 2014]

Prevention/Early Intervention	Treatment	Recovery Support	Public Safety
<ul style="list-style-type: none"> County Health Officer restructured addiction prevention coordination. Responsibility assigned to Addictions Division within CCHD. [July 2014] Former Elkton Mayor Joe Fisona initiated Facebook web-page entitled: "Cecil County Addiction Awareness." The effort strives to inform the community regarding addictions. [July 2014] Increased community appreciation for consequences of substance abuse: during July and August, three groups, including approximately 150 students, traveled from Cecil County to the Baltimore Science Museum to view an exhibit entitled "Target America - Opening Eyes to the Damage Drugs Cause." The exhibit was designed to "open eyes to the science behind drug addiction and the countless costs of drugs--to individuals, American society, and the world--and to provide food for thought 	<p>frame, Affiliated Santé also facilitated Behavioral Health First Responder Training for ten law enforcement and emergency services personnel. The training promotes alternative skills and resources to hospitalization and incarceration. [January 2015]</p> <ul style="list-style-type: none"> One-hundred and two participants were enrolled in the Cecil County Adjudicated Adult Drug Treatment Court as of December 31, 2014. (The above census represents the highest historical enrollment for the Cecil County program.) [January 2015] With support from County government, substance abuse treatment programming within the Cecil County Detention Center was expanded. The new services utilize evidence based programming "Thinking for a Change: Integrated Cognitive Behavior Change Program" (T4C). T4C includes cognitive restructuring, social skills development, and development of problem solving skills.[January 2015] 	<ul style="list-style-type: none"> The Elkton Oxford House, Cecil County's fifth recovery house, opened. The program provides sober living support with capacity for ten men. [November 2014] On December 31, 2014, The Cecil Whig identified "Recovery [from substance abuse]" as the top "Newsworthy Storyline of 2014." A sixth recovery house opens in Cecil County. The newest house, True Nature Recovery House, located in Elkton, provides sober living support for up to eight men. [February 1, 2015] 	

Prevention/Early Intervention	Treatment	Recovery Support	Public Safety
<p>on how each and every one of us can make a difference." Additionally, a significant amount of printed materials were shared by the exhibit managers with Cecil County Public Schools for student education. [July/August 2014]</p> <ul style="list-style-type: none"> Overdose prevention training implemented for all Cecil County law enforcement officers, including Cecil College public safety officers. 222 law enforcement officers enabled to administer naloxone to overdose victims. [July/August 2014] The Cecil Guardian initiated a weekly column that strives to build a healthier Cecil County by better informing the community. Entitled, "Building a Culture of Health," timely information on a health-related topic featured each week, with an initial focus on substance abuse. The September 4th story was entitled "drug overdose is preventable." [September 2014] 	<ul style="list-style-type: none"> CCHD PRA program at Union Hospital continues to expand and bring recovery and related services to patients and their families. 208 individuals were served during the second quarter of FY2015, representing a 23% increase from the previous quarter and a 60% increase over the same quarter a year earlier. [January 2015] On January 8, 2015, CCHD's hospital-based Peer Recovery Advocate Program received the Maryland Association of Counties (MACo) "Healthy Counties Best Practices Award." The award recognizes county programs that contribute to the overall health and quality of life of a Maryland county. 		

Prevention/Early Intervention	Treatment	Recovery Support	Public Safety
<ul style="list-style-type: none"> • Presentation by Karl Webner summarized Local Overdose Fatality Review Team (LOFRT) progress and findings. Presentation summarized observed trends, including the common use of multiple substances of abuse, and statistical significance of alcohol in overdose deaths. [September 25, 2014] • Significant unused and expired prescription reported collected during community wide drug take back events held on September 27, 2014. • Awarded federal funding by Department of Health and Human Services for Drug Free Communities Coalition. [October 2014] • Old Dominion Electric Cooperative pledged donation of \$150,000 over three years to CCHD to help in the fight against substance abuse in Cecil County, and for a youth summit program at North Bay [October 13, 2014]. 			

Prevention/Early Intervention	Treatment	Recovery Support	Public Safety
<ul style="list-style-type: none"> Local progress for overdose prevention as evidenced by presentation to the acting director of the U.S. Office of National Drug Control Policy (ONDCP) by State of MD and CCHD officials. Presentation focuses on Local Overdose Fatality Review Team. The LOFRT may serve as a model to expand in other jurisdictions and states. [October 23, 2014] With support from County government, an early-intervention initiative for first time adolescent offenders was launched during November 2014. The initiative builds on a partnership between the local Department of Juvenile Services, the Cecil County Public School, and CCHD. The pilot program of early-intervention utilizes evidenced based Motivational Enhancement Therapy/Cognitive Behavioral Therapy (MET/CBT-5) program, and targets substance-involved adolescents aged 14-18. 			

Prevention/Early Intervention	Treatment	Recovery Support	Public Safety
<p>recently suspended from school and/or arrested due to substance abuse concerns. During the second quarter of FY15, the program served students from Providence School, Elkton Middle School, Cherry Hill Middle School, North East Middle School, Perryville High School and Rising Sun High School. [November 2014]</p> <ul style="list-style-type: none"> Additional prevention available for Cecil County families AEB Father Martin's Ashley Family Program. Featured during the December Drug and Alcohol Abuse Council (DAAC) meeting, Dr. Kristine Hitchens explained that the Family Program is open to the community, and that when families are part of the treatment process, recovery rates increase dramatically. In the program, family members learn about the neurological and psychological aspects of the disease. On a limited basis, scholarships are available. [December 4, 2014] 			

Prevention/Early Intervention	Treatment	Recovery Support	Public Safety
<ul style="list-style-type: none"> CCHD trained 286 community members between April 30, and December 31, 2014. Nine lives were reported saved by the community members who participated in the training, including parents saving their young-adult children, neighbors saving neighbors, friends saving friends, etc. [January 2015] During calendar year 2014, 29 multidisciplinary public health focused reviews of local fatal overdose incidents were completed by the Local Overdose Fatality Review Team (LOFRT). The LOFRT has served as a forum for the sharing of information essential to the improvement of a community's response to overdose deaths. Based on information obtained, the LOFRT has attempted to identify root causes, determine trends, and target resources to decrease death rates. [January 2015] 			

Prevention/Early Intervention	Treatment	Recovery Support	Public Safety
<ul style="list-style-type: none"> Two-hundred, sixty seven pounds of unwanted medication were reported collected during calendar year 2014, via Elkton's permanent prescription drug drop-off box. [January 2015] 			



RICHARD TABUTEAU -GOV- <richard.tabuteau@maryland.gov>

Fwd: A Walk Down the Drug Alley - Concerns

1 message

LT Governor -GOV- <lt.governor@maryland.gov>

Thu, Mar 19, 2015 at 9:36 AM

To: RICHARD TABUTEAU -GOV- <richard.tabuteau@maryland.gov>

FYI

Diane

----- Forwarded message -----

From: **Jeannette** <oadjwa@comcast.net>

Date: Wed, Mar 18, 2015 at 9:33 PM

Subject: A Walk Down the Drug Alley - Concerns

To: lt.governor@maryland.gov

I was pleased with our local newspaper's, Cecil Whig, coverage of your visit to Elkton. First of all I am a retired State worker plus a grandmother of a drug addict. In several articles that I have read regarding your efforts to steer the State to handle the drug problem within Maryland. I would like to add to your campaign.

1. The reason that the Heroin has become so widely used is the prescription medications have dried up. Currently a patient does not get his hands on an actual written prescription – it goes directly to the pharmacy with additional rules attached. This took a good bit of man hours to set in place and it does seem to be working. However since this is not an option for the drug users they have switched to a cheaper fix – Heroin - prescriptions meds cost \$15.00 a pill, heroin cost \$5.00 a pill. Hence the current problem. (dollar figures from a year ago)

2. The law makers need to **expedite new laws** to make the penalty more **severe** than it has ever been for the King Pins selling the drugs. Include the small sellers in the same severe penalty. Once the law is made advertise what will happen if you are caught selling drugs to any one regardless of age. The law has to be **iron clad in order to discourage the sellers.**

3. Drug users that are willing to become clean need better places to be admitted. I know that is a big push now. A **drug user** between the ages of 18 to 21 need their independent rights of a decision taken away from them. The person is not capable of choosing the right option to get "clean" or make any decisions. Most of this age group is still living at home with their parents that are having to contend with the many problems of a person using drugs and not wanting to stop. Most rehab places require the drug user to self admit ---well when they are so messed up it is hard for the parents to stand back. To me this would require a **special type of professional educator** to help the drug user to want to get clean after the parents have admitted their 18 to 21 year old. Do you know that this age group can also change their mind and sign themselves out of rehab and no one can stop them. What a waste....no one focuses on this issue and it happens a lot.

Thank you for listening to a sad grandmother that has had to take a walk down this drug alley with her only grandchild.



Heroin Taskforce -GOV- <heroin.taskforce@maryland.gov>

Contact Form- Policy Suggestion, Criminal Justice

1 message

Susan Powell <Susiepowell63@yahoo.com>

Fri, Mar 20, 2015 at 8:01 AM

Reply-To: Susiepowell63@yahoo.com

To: heroin.taskforce@maryland.gov

From: Susan Powell <Susiepowell63@yahoo.com>

Subject: Heroin Task Force

Telephone Number: 301-331-7773

City: Stevensville

County: Queen Anne's County

Organization: Mrs.

Role: Supporter

Field: Criminal Justice

Topic: Policy Suggestion

Comments:

I am a mom, I have a son who is incarcerated for a minor drug offense. My concern is he got 4 plus years. Judge Ross ordered a drug and alcohol evaluation, he was evaluated...it was noted that he indeed need treatment!! The Judge is holding the order while he sits in Prison...!! It would benefit every county in Maryland to have Drug Court as well as Mental Health Court. My son was on Parole, he was doing ok, had just got a job...he was on different med's ordered by the Doctor but tried to get off them on his own, then was very agitated, couldn't sleep so we called 911 to see if ER evaluation would help. It's a long story but my point is a Drug Court would have allowed him to be accountable then come up with a different solution besides Prison. Now he sits, becoming more institutionalized, prolonging his life..he saying."Mom, I'll be 30 when I get out" and i havent even started my life".

--

This e-mail was sent from a contact form on Lt. Governor Boyd Rutherford
(<http://governor.maryland.gov/ltgovernor>)



Queen Anne's County Department of Health
Division of Alcohol & Drug Abuse Services
206 N. Commerce Street, Centreville, MD 21617-1049
Tel: 410-758-0720 • Fax: 410-758-2838

NIELSEN CENTER
205 N. Liberty Street
Centreville, Maryland 21617
Phone: 410-758-1305
Fax: 410-758-2135

KENT ISLAND COUNSELING CENTER
210 White Pine Lane
Stevensville, Maryland 21666
Phone: 410-643-7773
Fax: 410-643-7864

Joseph A. Ciolo, Jr., M.D.
Health Officer

Gary B. Fry, LCADC
Director of Alcohol & Drug Abuse Services

April 2, 2015

TO: Lt. Governor's Heroin Task Force

FROM: Gary B. Fry, M.Div., LCADC
Director

RE: Task Force Request

In response to the request by Dr. Finnegan resulting from my comments during the Task Force's hearing in Cecil County on March 17, 2015 I respectfully offer the following regarding what I perceive may be some UNINTENDED CONSEQUENCES:

1. The first drugs of use for many heroin addicted individuals are alcohol and marijuana. Accordingly, we should address early stage abuse/addiction issues before conditions escalate. We should not narrow our focus to only heroin. A focus only on heroin, may lead parents (and others) to experience a false sense of security when their child is identified as using "only alcohol" or "only marijuana," relieved that it is not heroin / opiates. This may imply permission to use these substances, and/or may not motivate the parent to seek an assessment, early-intervention or treatment services. This can result in missed opportunities to intervene early in a young person's use.
2. Limited law enforcement resources putting a great deal of focus / effort in identifying and intervening in heroin trafficking / distribution can, as a result, be limited in identifying and intervening with other "less dangerous" substances.
3. Prevention agencies that are funded through the state and federal government will be challenged to maintain efforts to prevent (and/or delay the onset of) the use / abuse of other substances.



An Equal
Opportunity
Employer

4. Similarly, treatment agencies that are funded through grants will be challenged to stretch their very limited resources. This is because of the variety and intensity of needs experienced by those presenting with addiction to heroin. Such needs include but not limited to medication(s), physical health needs, housing, vocational rehabilitation, family counseling and the like.

I thank the Lt. Governor and the Task Force for the opportunity to present my thoughts during the Cecil County hearing and to provide this additional information. I applaud the Governor and Lt. Governor for their efforts to address the growing problems related to the substance abuse issues facing our state.



Heroin Taskforce -GOV- <heroin.taskforce@maryland.gov>

Contact Form- Personnel Suggestion, Other

1 message

Patricia Ayers <princesspatti57@yahoo.com>

Fri, Apr 3, 2015 at 2:35 PM

Reply-To: princesspatti57@yahoo.com

To: heroin.taskforce@maryland.gov

From: Patricia Ayers <princesspatti57@yahoo.com>

Subject: Heroin Task Force

Telephone Number: 4434667001

City: north east

County: Cecil County

Organization:

Role: N/A

Field: Other

Topic: Personnel Suggestion

Comments:

Nearly fifteen years ago, Portugal had one of the worst drug problems in Europe, with 1 percent of the population addicted to heroin... They had tried a drug war, and the problem just kept getting worse... So they decided to do something radically different... They resolved to decriminalize all drugs, and transfer all the money they used to spend on arresting and jailing drug addicts, and spend it instead on reconnecting them -- to their own feelings, and to the wider society... The most crucial step is to get them secure housing, and subsidized jobs so they have a purpose in life, and something to get out of bed for... they are helped, in warm and welcoming clinics, to learn how to reconnect with their feelings, after years of trauma and stunning them into silence with drugs...An independent study by the British Journal of Criminology found that since total decriminalization, addiction has fallen, and injecting drug use is down by 50 percent... FIFTY PERCENT

--

This e-mail was sent from a contact form on Lt. Governor Boyd Rutherford
(<http://governor.maryland.gov/ltgovernor>)

Section 1: Introduction and Purpose



Department of Health and Human Services

This document is a public release of information. It contains information that is not exempt from public release under the Freedom of Information Act (5 U.S.C. 552).

For more information, please contact the Department of Health and Human Services at 1-800-XXX-XXXX.

Section 2: Background and Context

The Department of Health and Human Services is committed to providing high-quality, accessible healthcare to all Americans.

This document is a public release of information. It contains information that is not exempt from public release under the Freedom of Information Act (5 U.S.C. 552).

For more information, please contact the Department of Health and Human Services at 1-800-XXX-XXXX.

Section 3: Findings and Conclusions

The Department of Health and Human Services has conducted a thorough review of the information provided. The findings indicate that the information is accurate and reliable. The Department is committed to providing high-quality, accessible healthcare to all Americans.

The Department of Health and Human Services is committed to providing high-quality, accessible healthcare to all Americans. This document is a public release of information. It contains information that is not exempt from public release under the Freedom of Information Act (5 U.S.C. 552).

For more information, please contact the Department of Health and Human Services at 1-800-XXX-XXXX.

Section 4: Recommendations and Next Steps

The Department of Health and Human Services recommends that the information be made available to the public. The Department is committed to providing high-quality, accessible healthcare to all Americans.



Heroin Taskforce -GOV- <heroin.taskforce@maryland.gov>

Contact Form- Policy Suggestion, Other

1 message

Nancy Waltman <nanandthom@zoominternet.net>

Wed, Apr 22, 2015 at 11:36 AM

Reply-To: nanandthom@zoominternet.net

To: heroin.taskforce@maryland.gov

From: Nancy Waltman <nanandthom@zoominternet.net>

Subject: Heroin Task Force

Telephone Number: 410-658-0210

City: Colora

County: Cecil County

Organization: Heroin impact that will make a difference

Role: N/A

Field: Other

Topic: Policy Suggestion

Comments:

The task force and efforts for the last year have been publicized at the Mayor level, then the Governor's office and the Lt. Governor's office. As a family member impacted by this horrible drug, and the related issues that continue, we see so many, so VERY many tasks to address drug overdose and the related effects. What I have not seen in any article in 2014 and 2015, is the bottom-line issue for addicts and especially recovering, successful recovery of addicts desperate to find employment. Success to beat this addiction starts here! There are no efforts to assist with employment. With no income, you cannot have a home. Or a car. Or money for gas to get to a job if you had one by some miracle. Every job that has a background check (most!) will not hire you. I could provide more personal impact data, but I implore you, I BEG you to take your position to the areas that first and foremost continues a problem destroying our state, not just Baltimore. Please, start here before discussing the rest of your proposals. Find out how many addicts or successful recovering addicts, can find employment, a home and a way to feed their kids. THANK YOU!

--

This e-mail was sent from a contact form on Lt. Governor Boyd Rutherford
(<http://governor.maryland.gov/ltgovernor>)

1. [illegible]



Contract Form - Policy Suggestions

Section 1

2. [illegible]

3. [illegible]

4. [illegible]

5. [illegible]

6. [illegible]

7. [illegible]

8. [illegible]

9. [illegible]

10. [illegible]

11. [illegible]

12. [illegible]

13. [illegible]

14. [illegible]

15. [illegible]

16. [illegible]

17. [illegible]

18. [illegible]

19. [illegible]

20. [illegible]

21. [illegible]

22. [illegible]

23. [illegible]

24. [illegible]

25. [illegible]

26. [illegible]

27. [illegible]

28. [illegible]

29. [illegible]

30. [illegible]

31. [illegible]

32. [illegible]

33. [illegible]

34. [illegible]

35. [illegible]

36. [illegible]

37. [illegible]

38. [illegible]

39. [illegible]

40. [illegible]

41. [illegible]

42. [illegible]

43. [illegible]

44. [illegible]

45. [illegible]

46. [illegible]

47. [illegible]

48. [illegible]

49. [illegible]

50. [illegible]

51. [illegible]

52. [illegible]

53. [illegible]

54. [illegible]

55. [illegible]

56. [illegible]

57. [illegible]

58. [illegible]

59. [illegible]

60. [illegible]

61. [illegible]

62. [illegible]

63. [illegible]

64. [illegible]

65. [illegible]

66. [illegible]

67. [illegible]

68. [illegible]

69. [illegible]

70. [illegible]

71. [illegible]

72. [illegible]

73. [illegible]

74. [illegible]

75. [illegible]

76. [illegible]

77. [illegible]

78. [illegible]

79. [illegible]

80. [illegible]

81. [illegible]

82. [illegible]

83. [illegible]

84. [illegible]

85. [illegible]

86. [illegible]

87. [illegible]

88. [illegible]

89. [illegible]

90. [illegible]

91. [illegible]

92. [illegible]

93. [illegible]

94. [illegible]

95. [illegible]

96. [illegible]

97. [illegible]

98. [illegible]

99. [illegible]

100. [illegible]

101. [illegible]

102. [illegible]



Heroin Taskforce -GOV- <heroin.taskforce@maryland.gov>

Contact Form- Policy Suggestion, Addiction Treatment

1 message

Katherine Heverin <none@none.com>

Tue, Apr 28, 2015 at 11:42 AM

Reply-To: none@none.com

To: heroin.taskforce@maryland.gov

From: Katherine Heverin <none@none.com>

Subject: Heroin Task Force

Telephone Number: 302-290-9344

City: Northeast

County: Cecil County

Organization: None

Role: Supporter

Field: Addiction Treatment

Topic: Policy Suggestion

Comments:

Her son is struggling with Heroin addiction. Detox centers will not accept him because he has no health insurance. Advocating for detox centers to be subsidized to lower costs and increase access for low income individuals

--

This e-mail was sent from a contact form on Lt. Governor Boyd Rutherford
(<http://governor.maryland.gov/ltgovernor>)

Human Resource Development - 2015



Human Resource Development - 2015

The year 2015 is a significant year for the world.

It is a year of great change and opportunity. The world is facing many challenges, but it is also a year of great hope and possibility.

The world is a beautiful place, full of life and love. It is a place where we can learn and grow, where we can make a difference. The world is a place where we can find hope and inspiration, where we can find the strength to overcome our challenges.

The world is a place where we can find the strength to overcome our challenges. The world is a place where we can find the strength to overcome our challenges. The world is a place where we can find the strength to overcome our challenges.

The world is a place where we can find the strength to overcome our challenges. The world is a place where we can find the strength to overcome our challenges. The world is a place where we can find the strength to overcome our challenges.